



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**UnitedHealth Group Incorporated PAC (United for Health)**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		80071.92
(b) Cash on Hand at Beginning of Reporting Period.....	125136.76	
(c) Total Receipts (from Line 19) .....	308915.10	554379.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	434051.86	634451.86
7. Total Disbursements (from Line 31).....	249994.00	450394.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	184057.86	184057.86
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**UnitedHealth Group Incorporated PAC (United for Health)**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	280434.05	482443.70
(ii) Unitemized .....	25981.05	58862.71
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	306415.10	541306.41
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	306415.10	541306.41
12. Transfers From Affiliated/Other Party Committees.....	0.00	10573.53
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	308915.10	554379.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	308915.10	554379.94

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	152500.00	329000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	5000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5000.00
29. Other Disbursements .....	97494.00	116394.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	249994.00	450394.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	249994.00	450394.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	306415.10	541306.41
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	306415.10	536306.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

: 97 `A -G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`ZG7 <98I @ `CF `H9A -N5 H-CB

Form/Schedule: F3XA  
Transaction ID :

The PAC reported a 06/24/2008 contribution in the amount of \$2000.00 and a 06/22/2009 contribution in the amount of \$2500.00 to the Hatch Election Committee. These contributions were designated to the 2012 US Primary Election but were intended for the 2012 Utah Convention. This report is being amended to correct the election designation on the 09/14/2011 contribution to the Hatch Election Committee in the amount of \$500.00 to the 2012 Utah Convention. This contribution when aggregated with the 2008 and 2009 contributions total \$5000.00 for the 2012 Utah Convention. This amendment also corrects the election designation on the 09/15/2011 contribution to the Hatch Election Committee in the amount of \$1000.00 to the 2012 Utah Primary held on 06/26/2012. This is the only contribution as of 12/31/2011 made to the Hatch Election Committee designated for 2012 Utah Primary held on 06/26/2012. The 09/14/2012 contribution to the Hatch Election Committee in the amount of \$3500.00 remains the same as originally reported which was designated as a 2012 US General Election contribution.

Form/Schedule:  
Transaction ID:

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. ALICE FERREIRA**  
Full Name (Last, First, Middle Initial)

Mailing Address 18 BRITTANY AVENUE

City TRUMBULL State CT Zip Code 06611-1105

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Communications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2011

**Transaction ID : 33608873**

Amount of Each Receipt this Period  
 365.00

**B. CHARLES THOMPSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5217 EDGEWOOD ROAD

City LITTLE ROCK State AR Zip Code 72207-5413

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Regulatory Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2011

**Transaction ID : 33754431**

Amount of Each Receipt this Period  
 2500.00

**C. PATRICIA R SAURO**  
Full Name (Last, First, Middle Initial)

Mailing Address 8943 HIDDEN MEADOW R

City WOODBURY State MN Zip Code 55125

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlthcare

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2011

**Transaction ID : 33944156**

Amount of Each Receipt this Period  
 1060.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3925.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. THOMAS Kunst**  
Full Name (Last, First, Middle Initial)

Mailing Address 4872 103RD STREET

City PLEASANT PRAIRIE State WI Zip Code 53158-6516

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation KA VP Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : 34067764**

Amount of Each Receipt this Period  
 400.00

**B. Mr. ABRAM McCabe**  
Full Name (Last, First, Middle Initial)

Mailing Address 1320 MARTHA WASHINGTON DR

City WAUWATOSA State WI Zip Code 53213-2944

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2011  
**Transaction ID : 34146017**

Amount of Each Receipt this Period  
 300.00

**C. BRUCE Weiss**  
Full Name (Last, First, Middle Initial)

Mailing Address 7425 N BEACH COURT

City FOX POINT State WI Zip Code 53217-3656

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Sr Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2011  
**Transaction ID : 34275158**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MOLLIE CHAPMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 226 BERNARD DR  
City MONROE State OH Zip Code 45050  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Assc Dir Ntwk Conctrctng  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1159790526946**  
Amount of Each Receipt this Period 130.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B. KEN L HOVERMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16221 SIERRA DE AVILA  
City TAMPA State FL Zip Code 33613  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation VP Mktg  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1159790926946**  
Amount of Each Receipt this Period 130.00  
P/R Deduction (\$10.00 Bi-Weekly)

**C. PAMELA A FRANCCEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17715 N 68TH DRIVE  
City GLENDALE State AZ Zip Code 85308  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Assc Dir Clms Bus Process  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1159793126946**  
Amount of Each Receipt this Period 130.00  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 390.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 193  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. DEBORAH S STREB**

Mailing Address 2201 NORTH STAR ROAD

City State Zip Code  
 UPPER ARLINGTON OH 43221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Dir Proj Mgmt

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 316.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1159794126946**

Amount of Each Receipt this Period  
 182.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. ANTHONY J KAZLAUSKAS**

Mailing Address 11 CARNIVAL TERRACE

City State Zip Code  
 WEST WARWICK RI 02893

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Sr Med Dir

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1159794626946**

Amount of Each Receipt this Period  
 260.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. CARLA M MUGGIO**

Mailing Address 3533 FAIR OAKS LANE

City State Zip Code  
 LONGBOAT KEY FL 34228

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Ntwk Contract Dir

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1159798226946**

Amount of Each Receipt this Period  
 230.76

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 672.76

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. BRIAN R BELLOWS**

Mailing Address 10 SHADOWOOD LANE

City State Zip Code  
TRUMBULL CT 06611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Dir Bus Dvlp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR1159803826946**

Amount of Each Receipt this Period  
195.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. KEITH W NOBLITT**

Mailing Address 122 SOUTH OAK POINTE DR

City State Zip Code  
SENECA SC 29672

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc SCE 3 NAs Ind Contr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR1159805526946**

Amount of Each Receipt this Period  
260.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. JAMES S ELLISTON**

Mailing Address 302 S 52ND ST

City State Zip Code  
OMAHA NE 68132

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Dir Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR1159805926946**

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 585.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 193
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. JAMES S WATSON III</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 6520 SHENANDOAH DR		<b>Transaction ID : PR1159806026946</b>
City LINCOLN	State NE	Zip Code 68510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer United HealthCare Services Inc	Occupation Assc Gen Counsel	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>B. MARILYN C NEVIN</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 7930 GOLDEN VALLEY ROAD UNIT 4		<b>Transaction ID : PR1159807426946</b>
City GOLDEN VALLEY	State MN	Zip Code 55427
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer United HealthCare Services Inc	Occupation VP Finance	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM P WHITELEY</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 2657 WOODBRIDGE RD		<b>Transaction ID : PR1159812626946</b>
City WAYZATA	State MN	Zip Code 55391
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2499.90
Name of Employer United HealthCare Services Inc	Occupation Senior Vice President	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.80	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2954.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. WAYNE F COOK**  
Full Name (Last, First, Middle Initial)

Mailing Address 1200 PEBBLE HILL ROAD

City DOYLESTOWN State PA Zip Code 18901

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1159812826946**

Amount of Each Receipt this Period  
 780.00

P/R Deduction (\$60.00 Bi-Weekly)

**B. DAVID S WICHMANN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7000 ANTRIM ROAD

City EDINA State MN Zip Code 55439

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation EVP Pres UHG Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1159814726946**

Amount of Each Receipt this Period  
 2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**C. PATRICK J ERLANDSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1000 OLD LONG LAKE ROAD

City WAYZATA State MN Zip Code 55391

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Bus Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1159815926946**

Amount of Each Receipt this Period  
 2499.90

P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5779.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. PATRICIA R SAURO</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR1159816426946</b>
Mailing Address 8943 HIDDEN MEADOW R		Amount of Each Receipt this Period 780.00
City WOODBURY	State MN	Zip Code 55125
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation SVP UnitedHlthcare
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2620.00	P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. WILLIAM A MUNSELL</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR1159816626946</b>
Mailing Address 2119 WINDSONG CIRCLE		Amount of Each Receipt this Period 1300.00
City WAYZATA	State MN	Zip Code 55391
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation EVP UnitedHlth Group
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. JOHN S PENSHORN</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR1159816926946</b>
Mailing Address 120 BLACK OAKS LANE		Amount of Each Receipt this Period 2499.90
City WAYZATA	State MN	Zip Code 55391
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation SVP UnitedHlth Group
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4579.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. PAUL D KALLMEYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 468 HERALD DR  
 City AMBLER State PA Zip Code 19002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1159817426946**  
 Amount of Each Receipt this Period 650.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. TIMOTHY F RYAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4913 BRUCE AVE  
 City EDINA State MN Zip Code 55424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1159817926946**  
 Amount of Each Receipt this Period 247.00  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. THOMAS J QUIRK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4307 BEECHWOOD LANE  
 City DALLAS State TX Zip Code 75220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1159819126946**  
 Amount of Each Receipt this Period 650.00  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1547.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. REED V TUCKSON M.D.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3501 ZENITH AVE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55416
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation EVP Consumr Hlth Med Care
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼	2999.88
--------------------------	---------

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1159819826946**

Amount of Each Receipt this Period  

1499.94
---------

P/R Deduction (\$115.38 Bi-Weekly)

**B. DAVID J FALK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 323 LAWRENCE AVE

City HIGHLAND PARK	State NJ	Zip Code 08904
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Med Dir
--	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼	346.00
--------------------------	--------

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1159820226946**

Amount of Each Receipt this Period  

182.00
--------

P/R Deduction (\$14.00 Bi-Weekly)

**C. WILLIAM C TRACY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13016 CANTERBURY

City LEAWOOD	State KS	Zip Code 66209
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼	1500.20
--------------------------	---------

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1159821526946**

Amount of Each Receipt this Period  

750.10
--------

P/R Deduction (\$57.70 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2432.04
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MICHAEL M HAWKINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 11137 AMESITE TRAIL

City AUSTIN State TX Zip Code 78726

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Sr Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1159822026946**

Amount of Each Receipt this Period  
 150.02

P/R Deduction (\$11.54 Bi-Weekly)

**B. CAROL M SCHNEEWEIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 16907 49TH PLACE N

City PLYMOUTH State MN Zip Code 55446

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Product

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1159823526946**

Amount of Each Receipt this Period  
 325.00

P/R Deduction (\$25.00 Bi-Weekly)

**C. RUSSELL HOSTETLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 6016 MARINERS WATCH DR

City TAMPA State FL Zip Code 33615-4258

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1159826326946**

Amount of Each Receipt this Period  
 365.00

P/R Deduction (\$365.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	840.02
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 OF 193 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. RICHARD J MIGLIORI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address PO BOX 72		<b>Transaction ID : PR1159827426946</b>
City WAYZATA	State MN	Zip Code 55391
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation SVP Bus Initi Clin Aff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2276.88	
		Amount of Each Receipt this Period 1276.92
		P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. BARBARA C BUENEMANN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 128 ROSEBROOK DR		<b>Transaction ID : PR1159828726946</b>
City FLORISSANT	State MO	Zip Code 63031
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Dir Cust Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.04	
		Amount of Each Receipt this Period 150.02
		P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. JEANNINE M RIVET</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 4305 TRILLIUM WAY		<b>Transaction ID : PR1159830026946</b>
City MINNETRISTA	State MN	Zip Code 55364
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation EVP UnitedHlth Group	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.80	
		Amount of Each Receipt this Period 2499.90
		P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3926.84
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JACK E SHUFF**  
Full Name (Last, First, Middle Initial)  
Mailing Address 360 ASPEN LANE  
City COVINGTON State LA Zip Code 70433  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation SB RVP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **776.76**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR1159830526946**  
Amount of Each Receipt this Period **507.00**  
P/R Deduction (\$39.00 Bi-Weekly)

**B. JOHN F STEVENSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 BARBERRY DRIVE  
City BURLINGTON State CT Zip Code 06013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Sr Assc Gen Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **254.80**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR1159839326946**  
Amount of Each Receipt this Period **127.40**  
P/R Deduction (\$9.80 Bi-Weekly)

**C. JILL WINTERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16 SPOEDE LN  
City SAINT LOUIS State MO Zip Code 63141  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation VP Ops  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **1404.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : PR1159840426946**  
Amount of Each Receipt this Period **702.00**  
P/R Deduction (\$54.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1336.40</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 193
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. Mr. ANTHONY WELTERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 919 SAIGON ROAD

City MCLEAN	State VA	Zip Code 22102
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation EVP UnitedHlth Group
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4999.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1332013226946**

Amount of Each Receipt this Period  
2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**B. MICHAEL J BRESOLIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 121 W VIEW STREET

City LOMBARD	State IL	Zip Code 60148
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Care Advocacy
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1551005726946**

Amount of Each Receipt this Period  
260.00

P/R Deduction (\$20.00 Bi-Weekly)

**C. RITA T T DONOVAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1585 NW 124TH STREET

City CLIVE	State IA	Zip Code 50325
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Ntwk Contrctng
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
207.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR155100626946**

Amount of Each Receipt this Period  
99.97

P/R Deduction (\$7.69 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2859.87
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. TIMOTHY J HEADY**  
Full Name (Last, First, Middle Initial)

Mailing Address 19019 VOGEL FARM TRAIL

City EDEN PRAIRIE State MN Zip Code 55347

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Pharmacy Benefit Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1551122526946**

Amount of Each Receipt this Period  
 975.00

P/R Deduction (\$75.00 Bi-Weekly)

**B. CHRISTOPHER R HOCK**  
Full Name (Last, First, Middle Initial)

Mailing Address 215 WINDMILL HILL

City WETHERSFIELD State CT Zip Code 06109

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1551128926946**

Amount of Each Receipt this Period  
 150.02

P/R Deduction (\$11.54 Bi-Weekly)

**C. JEFFREY W KAGAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 52 CRESTWOOD LANE

City FARMINGVILLE State NY Zip Code 11738

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Prod

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1551132326946**

Amount of Each Receipt this Period  
 260.00

P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1385.02
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. GERALD JOHN Knutson**  
Full Name (Last, First, Middle Initial)

Mailing Address 520 KIMBERLY LN N

City PLYMOUTH State MN Zip Code 55447

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Business Segment CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1551132526946**

Amount of Each Receipt this Period 260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B. MICHAEL C MATTEO**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 JEREMIAHS WAY

City SOUTH GLASTONBURY State CT Zip Code 06073

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Chief Growth Off

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1551133426946**

Amount of Each Receipt this Period 249.99

P/R Deduction (\$19.23 Bi-Weekly)

**C. DAWN M OWENS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2119 E LAKE OF THE ISLES PKWY

City MINNEAPOLIS State MN Zip Code 55405

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Business Segment CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1551160326946**

Amount of Each Receipt this Period 1300.00

P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1809.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. ERIKA A ROGERS**

Mailing Address 2449 GUYNN AVENUE

City CHICO State CA Zip Code 95926

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SCE 2 NA Accts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1551160726946**

Amount of Each Receipt this Period  
**130.00**

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. THOMAS J VALERIUS**

Mailing Address 2820 DEER RUN TRAIL

City LONG LAKE State MN Zip Code 55356

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Recruitment Svs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1999.92**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1551161326946**

Amount of Each Receipt this Period  
**999.96**

P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. LOIS T WEIHRAUCH**

Mailing Address 10392 SHERMAN DRIVE

City EDEN PRAIRIE State MN Zip Code 55347

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1488.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1551161426946**

Amount of Each Receipt this Period  
**780.00**

P/R Deduction (\$60.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1909.96</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JOHN O ENDERLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 ANDREIS TRAIL  
 City SOUTH WINDSOR State CT Zip Code 06074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Regn Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1795.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1554323526946**  
 Amount of Each Receipt this Period 715.00  
 P/R Deduction (\$55.00 Bi-Weekly)

**B. CHRISTINE MCCARTNEY HARRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 JUSTIN LANE  
 City WETHERSFIELD State CT Zip Code 06109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Clms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1554323626946**  
 Amount of Each Receipt this Period 130.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. RICK M JELINEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5570 WOODSIDE LANE  
 City SHOREWOOD State MN Zip Code 55331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1554323926946**  
 Amount of Each Receipt this Period 2499.90  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3344.90
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MICHAEL RADU**  
Full Name (Last, First, Middle Initial)  
Mailing Address 42820 VIOLA CT

City LEESBURG	State VA	Zip Code 20176
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation COO Collaborative Care
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1404.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1554324526946**

Amount of Each Receipt this Period  
702.00

P/R Deduction (\$54.00 Bi-Weekly)

**B. CATHERINE E SPILLANE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3807 PLEASANT VALLEY DRIVE

City MISSOURI CITY	State TX	Zip Code 77459
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Bus Process
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1554324626946**

Amount of Each Receipt this Period  
249.99

P/R Deduction (\$19.23 Bi-Weekly)

**C. KIRK E STAPLETON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3840 INGLEWOOD AVE S

City SAINT LOUIS PARK	State MN	Zip Code 55416
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Strat Initi
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1554324726946**

Amount of Each Receipt this Period  
650.00

P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1601.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KAREN L ERICKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15348 RED OAKS ROAD SE  
 City PRIOR LAKE State MN Zip Code 55372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Optum Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1575957626946**  
 Amount of Each Receipt this Period 2499.90  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ERNEST MONFILETTO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3062 COMFORT ROAD  
 City NEW HOPE State PA Zip Code 18938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Plan Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1999.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1575958126946**  
 Amount of Each Receipt this Period 999.96  
 P/R Deduction (\$76.92 Bi-Weekly)

**C. LEE D VALENTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4701 GOLF TERRACE  
 City EDINA State MN Zip Code 55424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Pres Lif Scis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1575958526946**  
 Amount of Each Receipt this Period 2499.90  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5999.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JOHN Kelly**  
Full Name (Last, First, Middle Initial)

Mailing Address 568 HAWTHORNE WOODS DRIVE

City EAGAN State MN Zip Code 55123-3059

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Tax

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1575959726946**

Amount of Each Receipt this Period  
 1000.00

P/R Deduction (\$1150.00 Bi-Weekly)

**B. DAVID B OSTLER**  
Full Name (Last, First, Middle Initial)

Mailing Address APARTMENT 535  
410 SOUTH MAPLE AVENUE

City FALLS CHURCH State VA Zip Code 22046

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP IBS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1580864626946**

Amount of Each Receipt this Period  
 120.00

P/R Deduction (\$10.00 Bi-Weekly)

**C. THOMAS S PAUL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2006 QUEEN AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55405

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation UHC Chief Cnsmr Off

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1580864726946**

Amount of Each Receipt this Period  
 1300.00

P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2420.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. ROBERT THOMAS WEBB**

Mailing Address 4516 DREXEL AVENUE

City State Zip Code  
 EDINA MN 55424

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc SVP UnitedHlth Group

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 4999.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1580865326946**

Amount of Each Receipt this Period  
 2499.90

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. RICHARD J HUGHES**

Mailing Address 735 SAINT MORITZ

City State Zip Code  
 VICTORIA MN 55386

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc SVP Human Capital Dev

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1596304126946**

Amount of Each Receipt this Period  
 1300.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. THAD C JOHNSON**

Mailing Address 16848 STIRRUP LN

City State Zip Code  
 EDEN PRAIRIE MN 55347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Mkt Group Gen Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1596304326946**

Amount of Each Receipt this Period  
 600.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4399.90

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. JOHN KING**

Mailing Address 1 EDEN HILL LANE

City SOUTHWICK State MA Zip Code 01077

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Natl Acct RVP SIs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1596304426946**

Amount of Each Receipt this Period  
**130.00**

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. GAYE ADAMS MASSEY**

Mailing Address 3801 ABBOTT AVE S

City MINNEAPOLIS State MN Zip Code 55410

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Sr Deputy Gen Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2999.88**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1596304526946**

Amount of Each Receipt this Period  
**1499.94**

P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. JAY S MATUSHAK**

Mailing Address 9346 SHETLAND ROAD

City EDEN PRAIRIE State MN Zip Code 55347

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **332.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1596304626946**

Amount of Each Receipt this Period  
**182.00**

P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1811.94</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. GEORGE L MIKAN III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4901 ROLLING GREEN PARKWAY  
 City EDINA State MN Zip Code 55436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation EVP UnitedHealth Group  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1596304826946**  
 Amount of Each Receipt this Period 2499.90  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. CAROL B MORNESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 401 N 2ND ST UNIT 512  
 City MINNEAPOLIS State MN Zip Code 55401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1596304926946**  
 Amount of Each Receipt this Period 499.98  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. SCOTT E THEISEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1950 MEADOWWOODS TRAIL  
 City LONG LAKE State MN Zip Code 55356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1596305626946**  
 Amount of Each Receipt this Period 249.99  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3249.87
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 193
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. THOMAS D LEWIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 306 CHIPPEWA AVENUE  
City TAMPA State FL Zip Code 33606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1596306926946**  
Amount of Each Receipt this Period 499.98  
P/R Deduction (\$38.46 Bi-Weekly)

**B. ROBERT W OBERRENDER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4505 MOORLAND AVENUE  
City EDINA State MN Zip Code 55424  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation SVP Treasurer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2860.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1596307026946**  
Amount of Each Receipt this Period 1430.00  
P/R Deduction (\$110.00 Bi-Weekly)

**C. MICHAEL J ANDERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17907 INVERNESS CURVE  
City EDEN PRAIRIE State MN Zip Code 55347  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 211.75

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1596309326946**  
Amount of Each Receipt this Period 161.70  
P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2091.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DIANE BEDNAR FLYNN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3318 FOXRIDGE CIRCLE

City TAMPA	State FL	Zip Code 33618
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Med Clin Ops
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1596309726946**

Amount of Each Receipt this Period  

395.00
--------

P/R Deduction (\$39.00 Bi-Weekly)

**B. LISA M BEHNKE**  
Full Name (Last, First, Middle Initial)

Mailing Address 19647 CASA VERDE WAY

City FORT MYERS	State FL	Zip Code 33967
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Med Dir
--	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1596309826946**

Amount of Each Receipt this Period  

507.00
--------

P/R Deduction (\$97.00 Bi-Weekly)

**C. RAMON E COTO**  
Full Name (Last, First, Middle Initial)

Mailing Address 14021 LEANING PINE DRIVE

City MIAMI LAKES	State FL	Zip Code 33014
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt
--	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1596311526946**

Amount of Each Receipt this Period  

249.99
--------

P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1151.99</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JEFFREY P DOOLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 306 W MEADOWS LANE  
 City DANVILLE State CA Zip Code 94506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation KA VP Sls Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1596312126946**  
 Amount of Each Receipt this Period 150.02  
 P/R Deduction (\$11.54 Bi-Weekly)

**B. RICHARD G DUNLOP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2964 WYSE COURT  
 City LEWIS CENTER State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1596312326946**  
 Amount of Each Receipt this Period 130.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. STEVAN D GARCIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28115 BOULDER BRIDGE DRIVE  
 City SHOREWOOD State MN Zip Code 55331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1596312926946**  
 Amount of Each Receipt this Period 249.99  
 P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 530.01  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. JOSEPH A HAFERMANN</b>		Date of Receipt 12 / 31 / 2011
Mailing Address 131 PEAVEY LANE		<b>Transaction ID : PR1596313426946</b>
City WAYZATA	State MN	Zip Code 55391-1522
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer United HealthCare Services Inc	Occupation EVP Product	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. KURT A HEUMANN</b>		Date of Receipt 12 / 31 / 2011
Mailing Address 9825 GERALD DR		<b>Transaction ID : PR1596313726946</b>
City SAINT LOUIS	State MO	Zip Code 63128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 260.00
Name of Employer United HealthCare Services Inc	Occupation VP Finance	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN H RENNICK JR</b>		Date of Receipt 12 / 31 / 2011
Mailing Address 3220 LAKEWOOD EDGE DRIVE		<b>Transaction ID : PR1596316826946</b>
City CHARLOTTE	State NC	Zip Code 28269
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 249.99
Name of Employer United HealthCare Services Inc	Occupation Med Dir	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1009.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 193
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. STEPHAN RODGERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3455 CONGRESS STREET

City State Zip Code  
FAIRFIELD CT 06824-2036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc CEO Collaborative Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4999.80

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR1596317126946**

Amount of Each Receipt this Period  
2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**B. DANIEL I ROSENTHAL**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 SLEEPY HOLLOW LANE

City State Zip Code  
ORINDA CA 94563

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Hlth Plan CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR1596317326946**

Amount of Each Receipt this Period  
249.99

P/R Deduction (\$19.23 Bi-Weekly)

**C. KEVIN J RUTH**  
Full Name (Last, First, Middle Initial)

Mailing Address 16621 ALEXANDER MANOR DRIVE

City State Zip Code  
SILVER SPRING MD 20905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc SVP Entrprs Clin Alignm

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1950.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR1596317426946**

Amount of Each Receipt this Period  
975.00

P/R Deduction (\$75.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3724.89
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. MANUEL A SELVA**

Mailing Address 7602 NW 127TH MANOR

City PARKLAND	State FL	Zip Code 33076
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Sr Medical Director
--	-----------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1596317726946**

Amount of Each Receipt this Period  

76.92
-------

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. ROXANNE THOMAS**

Mailing Address 720 COUNTRY LAKES DR

City CIRCLE PINES	State MN	Zip Code 55014
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Prod
--	------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.04**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1596318926946**

Amount of Each Receipt this Period  

150.02
--------

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. JEFFREY ALAN TODD**

Mailing Address 467 PRAIRIE WAY SOUTH

City BAYPORT	State MN	Zip Code 55003
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Underwriting
--	-------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1596319026946**

Amount of Each Receipt this Period  

165.00
--------

P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>391.94</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. CHRIS B TURNAU**

Mailing Address PO BOX 43216  
 3741 DUNBAR KNOLL

City State Zip Code  
 BROOKLYN PARK MN 55443

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Dir Tax

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1596319126946**

Amount of Each Receipt this Period  
 130.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. FRANK M VIERLING**

Mailing Address N5021 GREENS COULEE

City State Zip Code  
 ONALASKA WI 54650

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Dir Gen Mgmt

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1596319426946**

Amount of Each Receipt this Period  
 130.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. M LAURIE WASSERSTEIN**

Mailing Address 92 GOODWIN CIRCLE

City State Zip Code  
 HARTFORD CT 06105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc PS NA VP Acct Mgmt

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1596319526946**

Amount of Each Receipt this Period  
 230.76

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 490.76

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MYRON R WERLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4260 FOXBERRY COURT  
 City MEDINA State MN Zip Code 55340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1596319626946**  
 Amount of Each Receipt this Period 162.50  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. WILLIAM R WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 CLIFFORD AVENUE  
 City TOLLAND State CT Zip Code 06084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1596320026946**  
 Amount of Each Receipt this Period 130.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. JANET PATRICIA GULLETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7310 WELLS RD  
 City PLAIN CITY State OH Zip Code 43064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Mgr IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR1596320126946**  
 Amount of Each Receipt this Period 130.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 422.50  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JOHN P DODDY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 ROXITICUS VIEW

City CHESTER State NJ Zip Code 07930

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Info Tech

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **767.00**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : PR1600597326946**

Amount of Each Receipt this Period **507.00**

P/R Deduction (\$39.00 Bi-Weekly)

**B. MICHAEL D MICHAUX**  
Full Name (Last, First, Middle Initial)

Mailing Address 742 GOODRICH AVE

City SAINT PAUL State MN Zip Code 55105

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP GM PCM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2600.00**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : PR1600598526946**

Amount of Each Receipt this Period **1300.00**

P/R Deduction (\$100.00 Bi-Weekly)

**C. LEWIS G SANDY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4800 SUNNYSLOPE ROAD E

City EDINA State MN Zip Code 55424

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Clin Advancement

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2600.00**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : PR1600598726946**

Amount of Each Receipt this Period **1300.00**

P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>3107.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MATTHEW W PETERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20595 SPENCER LANE  
 City SHOREWOOD State MN Zip Code 55331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CAO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1602669926946**  
 Amount of Each Receipt this Period  
 1300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. JEFFREY W MALONEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18076 CLEAR SPRING LANE  
 City EDEN PRAIRIE State MN Zip Code 55347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1613243526946**  
 Amount of Each Receipt this Period  
 1249.95  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. LINDA Cullen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 441 E N BROADWAY  
 City COLUMBUS State OH Zip Code 43214-4113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1632359726946**  
 Amount of Each Receipt this Period  
 130.00  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2679.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DANIEL S WALLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 17034 BAINBRIDGE DR

City EDEN PRAIRIE State MN Zip Code 55347

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR1632360026946**

Amount of Each Receipt this Period  
**390.00**

P/R Deduction (\$30.00 Bi-Weekly)

**B. WILLIAM F KENNEDY**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 MYRA LN

City BURLINGTON State CT Zip Code 06013

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR1653443126946**

Amount of Each Receipt this Period  
**260.00**

P/R Deduction (\$20.00 Bi-Weekly)

**C. STEVE R KOOREN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4444 ELLSWORTH DRIVE

City EDINA State MN Zip Code 55435

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Bus Segment CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4999.80**

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR1653443226946**

Amount of Each Receipt this Period  
**2499.90**

P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>3149.90</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. THOMAS J BELLAMY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2743 THOMAS AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55416
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation SB RVP
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1653444326946**

Amount of Each Receipt this Period  
750.10

P/R Deduction (\$57.70 Bi-Weekly)

**B. ROBERT L HOLMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address N12464 HORSESHOE BEND RD

City MINONG	State WI	Zip Code 54859
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Prov Reimb
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1653445026946**

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C. ALISTAIR D JACQUES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 645 OLD LONG LAKE ROAD

City ORONO	State MN	Zip Code 55391
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Bus Segment CIO
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4999.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1653445226946**

Amount of Each Receipt this Period  
2499.90

P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3380.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DANIEL T SULLIVAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 57 QUORN HUNT ROAD

City WEST SIMSBURY	State CT	Zip Code 06092
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir IT Proj Mgmt
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.04**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1653445826946**

Amount of Each Receipt this Period  

150.02
--------

P/R Deduction (\$11.54 Bi-Weekly)

**B. ELIZABETH DARCI D. CORBIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7985 LEA CIRCLE

City BLOOMINGTON	State MN	Zip Code 55438
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Hlth Care Initi
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1669432226946**

Amount of Each Receipt this Period  

600.00
--------

P/R Deduction (\$100.00 Bi-Weekly)

**C. Mr. MILES S SNOWDEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4349 FREMONT AVE S

City MINNEAPOLIS	State MN	Zip Code 55409
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Chief Med Off
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4999.80**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR1746717826946**

Amount of Each Receipt this Period  

2499.90
---------

P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>3249.92</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. ANN DESTWOLINSKI**  
Full Name (Last, First, Middle Initial)

Mailing Address 4247 ROSE PETAL COURT

City ELLICOTT CITY State MD Zip Code 21043

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Utilization Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **286.00**

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR1806441626946**

Amount of Each Receipt this Period  
**143.00**

P/R Deduction (\$11.00 Bi-Weekly)

**B. JASON DUDASH**  
Full Name (Last, First, Middle Initial)

Mailing Address 2918 BACHMAN RD

City MANCHESTER State MD Zip Code 21102

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Mgr IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR1806441926946**

Amount of Each Receipt this Period  
**130.00**

P/R Deduction (\$10.00 Bi-Weekly)

**C. JEFF Levine**  
Full Name (Last, First, Middle Initial)

Mailing Address 619 BOND AVE

City REISTERSTOWN State MD Zip Code 21136-1813

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation PS Mgr Acct Mgmt (FEHBP)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **605.00**

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR1806443226946**

Amount of Each Receipt this Period  
**-20.00**

P/R Deduction (\$365.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **253.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. WILLIAM TALAMANTES**  
Full Name (Last, First, Middle Initial)

Mailing Address 11618 ROLLING MEADOW DR

City GREAT FALLS State VA Zip Code 22066

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Six Sigma Cnslt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **457.60**

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR1806444726946**

Amount of Each Receipt this Period  
**228.80**

P/R Deduction (\$40.00 Bi-Weekly)

**B. LORI A ARCHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2781 SADDLE CLUB ROAD

City GREENWOOD State IN Zip Code 46143

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Prov Svc

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.04**

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR1806750126946**

Amount of Each Receipt this Period  
**150.02**

P/R Deduction (\$11.54 Bi-Weekly)

**C. PAUL M EMERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 18855 MEADOW VIEW BLVD

City PRIOR LAKE State MN Zip Code 55372

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Bus Segment CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR1806750326946**

Amount of Each Receipt this Period  
**499.98**

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **878.80**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. SHERRI C PINOTTI**

Mailing Address 416 BEAR AVE S

City State Zip Code  
 VADNAIS HEIGHTS MN 55127

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Dir IT Proj Mgmt

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 247.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1832039826946**

Amount of Each Receipt this Period  
 123.50

P/R Deduction (\$9.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. MICHELLE D Ledell**

Mailing Address 5115 SARATOGA LANE

City State Zip Code  
 PLYMOUTH MN 55442

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Dir Communications

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1882850626946**

Amount of Each Receipt this Period  
 520.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. CATHERINE K ANDERSON**

Mailing Address 37 W 2000 S

City State Zip Code  
 DRIGGS ID 83422

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc VP Gen Mgmt

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1500.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR1903550726946**

Amount of Each Receipt this Period  
 750.10

P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1393.60

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KATHLEEN L BISHOP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 145 COTTAGE RD  
 City ENFIELD State CT Zip Code 06082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1903560826946**  
 Amount of Each Receipt this Period 260.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. ROBERT J DUFEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 816 PROMONTORY PLACE  
 City EAGAN State MN Zip Code 55123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1903577126946**  
 Amount of Each Receipt this Period 325.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. SUSAN B EDBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9727 WELLINGTON RIDGE  
 City WOODBURY State MN Zip Code 55125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Bus Segment COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1903578126946**  
 Amount of Each Receipt this Period 1300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1885.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. CHRISTOPHER T JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12880 53RD STREET NORTH  
 City State Zip Code  
 STILLWATER MN 55082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Dir Gen Mgmt  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 579.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1903591126946**  
 Amount of Each Receipt this Period  
 449.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. JOHN C SANTELLI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17498 GEORGE MORAN DRIVE  
 City State Zip Code  
 EDEN PRAIRIE MN 55347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc SVP CIO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1903622026946**  
 Amount of Each Receipt this Period  
 1300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. PAUL D WEYMOUTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 128 WOODLAND RD  
 City State Zip Code  
 COVENTRY CT 06238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP Finance  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR1903636926946**  
 Amount of Each Receipt this Period  
 249.99  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1998.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. PAMELA JAMIAN</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR1910417426946</b>
Mailing Address 15316 COUTOLENC RD		Amount of Each Receipt this Period 150.02
City MAGALIA	State CA	Zip Code 95954
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Dir Cust Service
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.04	P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. BRADLEY E ALLEN</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2119466826946</b>
Mailing Address 1046 THORNBERRY CREEK DR		Amount of Each Receipt this Period 260.00
City ONEIDA	State WI	Zip Code 54155
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Sr Assc Gen Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. JON D D BEATY</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2119467826946</b>
Mailing Address 15110 SE 126TH AVE		Amount of Each Receipt this Period 130.00
City CLACKAMAS	State OR	Zip Code 97015
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Dir Clin Qlty
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	540.02
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. RUSSELL A BENNETT</b>		Date of Receipt
Mailing Address 4 HALSEY AVE		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
LAGUNA NIGUEL	CA	92677
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR2119468026946</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Dir Mktg Bus Dev	<input type="text" value="260.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) <b>B. SUSAN LYNN BERKEL</b>		Date of Receipt
Mailing Address 10 SHADOW GLEN		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
IRVINE	CA	92620
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR2119468126946</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	SVP Ops	<input type="text" value="2496.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$192.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4992.00"/>	

Full Name (Last, First, Middle Initial) <b>C. KATHIE L BRYAN</b>		Date of Receipt
Mailing Address 912 JOSHUA PLACE		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
SAN DIEGO	CA	92154
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR2119469426946</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Assc Dir Mrkting Comm	<input type="text" value="325.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$25.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="650.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3081.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DANIEL P CADRIEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 23634 NORTH 58TH AVENUE

City GLENDALE State AZ Zip Code 85310

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation PS Dir Strat Accts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR2119469826946**

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Bi-Weekly)

**B. COLLEEN CAMPBELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 5515 W 73RD AVENUE

City WESTMINSTER State CO Zip Code 80003

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Assc Dir Clin Qlty

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR2119469926946**

Amount of Each Receipt this Period  
195.00

P/R Deduction (\$15.00 Bi-Weekly)

**C. DAVID S CARLSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 13130 WESTPORT ST

City MOORPARK State CA Zip Code 93021

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Mktg Rsch

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR2119470226946**

Amount of Each Receipt this Period  
260.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 585.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. LESLIE J CARTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19021 POPPY HILL CIRCLE  
 City HUNTINGTON BEACH State CA Zip Code 92648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2119470326946**  
 Amount of Each Receipt this Period 1248.00  
 P/R Deduction (\$96.00 Bi-Weekly)

**B. RANDELL J CORREIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 1025  
 City RANCHO SANTA FE State CA Zip Code 92067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2119471326946**  
 Amount of Each Receipt this Period 390.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**C. RICHARD A CROSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11361 DONOVAN ROAD  
 City ROSSMOOR State CA Zip Code 90720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2119471826946**  
 Amount of Each Receipt this Period 325.00  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1963.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 193
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KENNETH R DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7640 N 10TH AVE  
 City PHOENIX State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2119472526946**  
 Amount of Each Receipt this Period 260.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. LINDA M DAYAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5364 E ABBEYFIELD ST  
 City LONG BEACH State CA Zip Code 90815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Chief of Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2119472626946**  
 Amount of Each Receipt this Period 247.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. TODD J DEMBROSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1390 FINCH LN  
 City GREEN BAY State WI Zip Code 54313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Act Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2119472826946**  
 Amount of Each Receipt this Period 195.00  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	702.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. ANDREA E DILWEG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2321 CARROLL PK SOUTH  
 City State Zip Code  
 LONG BEACH CA 90814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Dir Govt Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 962.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2119472926946**  
 Amount of Each Receipt this Period  
 481.00  
 P/R Deduction (\$37.00 Bi-Weekly)

**B. TARA M DUNGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 619 HIGH COUNTRY RIDGE  
 City State Zip Code  
 SAN ANTONIO TX 78260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Mgr Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2119473226946**  
 Amount of Each Receipt this Period  
 130.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. BRADLEY M FLUITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 NORTH ROLLING OAKS  
 City State Zip Code  
 SAN ANTONIO TX 78253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2119474126946**  
 Amount of Each Receipt this Period  
 130.00  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	741.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. ANGELO GIAMBRONE</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2119475126946</b>
Mailing Address 1821 PARK STREET		Amount of Each Receipt this Period 650.00
City HUNTINGTON BEACH	State CA	Zip Code 92648
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation SVP Ntwks
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1420.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. AMY J GILDERNICK</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2119475226946</b>
Mailing Address 2709 WILLIAMS GRANT		Amount of Each Receipt this Period 260.00
City DE PERE	State WI	Zip Code 54115
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Assc Dir Clms
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. SANDRA R GLICKMAN</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2119475326946</b>
Mailing Address 13622 SIOUX RD		Amount of Each Receipt this Period 130.00
City WESTMINSTER	State CA	Zip Code 92683
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Dir Case Mgmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1040.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 193
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. DAVID M HANSEN</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 33 VIA CONOCIDO		<b>Transaction ID : PR2119476726946</b>
City SAN CLEMENTE	State CA	Zip Code 92673
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1755.00
Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO	P/R Deduction (\$135.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3510.00	

Full Name (Last, First, Middle Initial) <b>B. ANNE P HARVEY</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 4916 THOR WAY		<b>Transaction ID : PR2119477226946</b>
City CARMICHAEL	State CA	Zip Code 95608
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer United HealthCare Services Inc	Occupation Assc Dir Prov Svc	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. PAULINE M HAYES</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address PO BOX 839		<b>Transaction ID : PR2119477426946</b>
City HUNTINGTON BEACH	State CA	Zip Code 92648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer United HealthCare Services Inc	Occupation Assc Dir Finance	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2015.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. SAMUEL W HO</b>		Date of Receipt
Mailing Address 4220 OCEAN DR		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City State Zip Code MANHATTAN BEACH CA 90266		<b>Transaction ID : PR2119477926946</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="1999.40"/>
Name of Employer United HealthCare Services Inc	Occupation Mkt Grp Chief Clin Off	P/R Deduction (\$153.80 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3998.80"/>	

Full Name (Last, First, Middle Initial) <b>B. KEVIN D HOST</b>		Date of Receipt
Mailing Address 14617 GRANT ST		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City State Zip Code OVERLAND PARK KS 66221		<b>Transaction ID : PR2119478226946</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="260.00"/>
Name of Employer United HealthCare Services Inc	Occupation VP Pharm Ops	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) <b>C. DONNA L HUSER</b>		Date of Receipt
Mailing Address 406 SKYTRAIL DR		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City State Zip Code NEW BRAUNFELS TX 78130		<b>Transaction ID : PR2119478626946</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="130.00"/>
Name of Employer United HealthCare Services Inc	Occupation Clms Bus Proc Anlyst	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2389.40"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 193
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. BRIAN JEFFREY</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011 <b>Transaction ID : PR2119479126946</b>
Mailing Address 9 RIMROCK		Amount of Each Receipt this Period 325.00
City IRVINE	State CA	Zip Code 92603
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation VP Ntwk Contrctng
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. JOHN D JONES</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011 <b>Transaction ID : PR2119479226946</b>
Mailing Address 3562 REDWOOD		Amount of Each Receipt this Period 1248.00
City IRVINE	State CA	Zip Code 92606
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation VP Govt Rel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. MARK C KNUTSON</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011 <b>Transaction ID : PR2119480226946</b>
Mailing Address 13102 PALOMAR WAY		Amount of Each Receipt this Period 195.00
City NORTH TUSTIN	State CA	Zip Code 92705
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation VP Cust Service
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1768.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. PAMELA S Leal**  
 Mailing Address 8371 CLARKDALE  
 City State Zip Code  
 HUNTINGTON BEACH CA 92646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Dir Network Contracting  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2119481026946**  
 Amount of Each Receipt this Period  
 130.00  
 P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. CHARLES E LEWIS**  
 Mailing Address 7417 S LAFAYETTE CR EAST  
 City State Zip Code  
 CENTENNIAL CO 80122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc M&R Regional Sales Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2119481526946**  
 Amount of Each Receipt this Period  
 130.00  
 P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. SANDY M LUEDKE**  
 Mailing Address 1208 COPRINUS DR  
 City State Zip Code  
 GREEN BAY WI 54313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc IT Database Cnslt  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2119482226946**  
 Amount of Each Receipt this Period  
 195.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 455.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. TIMOTHY A LUKER**

Mailing Address 3115 S GOTHIC CIRCLE

City GREEN BAY	State WI	Zip Code 54313
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Act Svs
--	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2119482326946**

Amount of Each Receipt this Period  
104.00

P/R Deduction (\$8.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. HEATHER M MACE-MEADOR**

Mailing Address 13531 CARLTON OAKS

City SAN ANTONIO	State TX	Zip Code 78232
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Med Clin Ops
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2119482526946**

Amount of Each Receipt this Period  
260.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. JEFFREY S MASON**

Mailing Address 5670 SHEMIRAN ST

City LA VERNE	State CA	Zip Code 91750
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Sr Med Dir
--	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2119483026946**

Amount of Each Receipt this Period  
195.00

P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	559.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 193
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. BENITO M MIRANDA**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1522

City LOMITA	State CA	Zip Code 90717
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Medicr Ind Sls Rep
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2119484226946**

Amount of Each Receipt this Period  

156.00
--------

P/R Deduction (\$12.00 Bi-Weekly)

**B. NANCY J MONK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12271 CHIANTI DRIVE

City LOS ALAMITOS	State CA	Zip Code 90720
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Govt Affairs & Compl
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2119484326946**

Amount of Each Receipt this Period  

650.00
--------

P/R Deduction (\$50.00 Bi-Weekly)

**C. CAROLYN L MURRAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 834 WOODTACK COVE WAY

City HENDERSON	State NV	Zip Code 89002
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Plan of Nevada	Occupation SB Mgr Acct Mgmt
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2119484826946**

Amount of Each Receipt this Period  

130.00
--------

P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>936.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. SCOTT A NEURURER</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2119484926946</b>
Mailing Address 23822 VIA MONTE		Amount of Each Receipt this Period 130.00
City COTO DE CAZA	State CA	Zip Code 92679
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
		P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. KEITH E NYGARD</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2119485026946</b>
Mailing Address 1139 E OCEAN BOULEVARD #106		Amount of Each Receipt this Period 260.00
City LONG BEACH	State CA	Zip Code 90802
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Compli Cnslt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. TRACY L OLLMANN-WAGNER</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2119485226946</b>
Mailing Address 2839 TIMBER LANE		Amount of Each Receipt this Period 195.00
City GREEN BAY	State WI	Zip Code 54313
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Mgr Traffic/Workforce	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
		P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	585.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. WILLIAM H OLSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1825 GALINDO AVE APT 416

City CONCORD	State CA	Zip Code 94520
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Med Dir
--	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2119485326946**

Amount of Each Receipt this Period  

130.00
--------

P/R Deduction (\$10.00 Bi-Weekly)

**B. CYNTHIA ANN OTTO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1855 O LEARY ROAD

City NEENAH	State WI	Zip Code 54956
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Assc Dir Case Mgmt
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2119485426946**

Amount of Each Receipt this Period  

195.00
--------

P/R Deduction (\$15.00 Bi-Weekly)

**C. LYND A PAXSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3924 E GARNET PL

City HIGHLANDS RANCH	State CO	Zip Code 80126
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Sr Field Acct Mgr
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2119485826946**

Amount of Each Receipt this Period  

325.00
--------

P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. DIANA S PETE**

Mailing Address 9010 MORNINGSTAR DRIVE

City State Zip Code  
SUGAR LAND TX 77479

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Dir Utilization Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt  
**12 / 31 / 2011**

**Transaction ID : PR2119486326946**

Amount of Each Receipt this Period  
**156.00**

P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. MICHELLE LYNN PETERS**

Mailing Address 1128 COUNTRYSIDE DR

City State Zip Code  
DE PERE WI 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Dir Act Svs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
**12 / 31 / 2011**

**Transaction ID : PR2119486426946**

Amount of Each Receipt this Period  
**195.00**

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. AUSTIN T PITTMAN**

Mailing Address 14 LOCH RIDGE DRIVE

City State Zip Code  
GREENSBORO NC 27408

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Pres Ntwks

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **3510.00**

Date of Receipt  
**12 / 31 / 2011**

**Transaction ID : PR2119486726946**

Amount of Each Receipt this Period  
**1755.00**

P/R Deduction (\$135.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2106.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. CYNTHIA L POLICH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3401 E VIA PALOMITA

City TUCSON	State AZ	Zip Code 85718
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation M R Pres
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2119486826946**

Amount of Each Receipt this Period  
1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**B. SHARON A RICCIUTI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 55 PERENNIAL

City IRVINE	State CA	Zip Code 92603
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Clin Qlty
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2119487926946**

Amount of Each Receipt this Period  
260.00

P/R Deduction (\$20.00 Bi-Weekly)

**C. DEBBIE E ROGERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 413 DOE RUN RD

City SEQUIM	State WA	Zip Code 98382
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Sr Proj Mgr I
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2119488626946**

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1690.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 193
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. CAROL A SCACCIA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14848 LANDERWOOD DR  
City EASTVALE State CA Zip Code 92880  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation KA New Bus Coord  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR2119489326946**  
Amount of Each Receipt this Period 130.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B. MARTIN SING**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9407 LLANO VERDE  
City HELOTES State TX Zip Code 78023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Dir Cust Service  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR2119490126946**  
Amount of Each Receipt this Period 130.00  
P/R Deduction (\$10.00 Bi-Weekly)

**C. RONALD R STETTLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6028 SCOTMIST DR  
City RANCHO PALOS VERDES State CA Zip Code 90275  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation VP Hlthcare Econ  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR2119490426946**  
Amount of Each Receipt this Period 130.00  
P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	390.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. MARILYNN D STYERS**  
 Mailing Address 6485 WAYFINDERS CT  
 City State Zip Code  
 CARLSBAD CA 92009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2119490726946**  
 Amount of Each Receipt this Period  
**260.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. CHERYL TANIGAWA MD**  
 Mailing Address 5598 NAPLES CANAL  
 City State Zip Code  
 LONG BEACH CA 90803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc SVP Entrprs Hlth Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**1300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2119491126946**  
 Amount of Each Receipt this Period  
**650.00**  
 P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. CHERYL A THOMSON**  
 Mailing Address 222 FOREST DR  
 City State Zip Code  
 SOBIESKI WI 54171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Dir Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2119491626946**  
 Amount of Each Receipt this Period  
**195.00**  
 P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1105.00**  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. STEVEN M TUCKER**

Mailing Address 12331 COUNTRY LANE

City State Zip Code  
SANTA ANA CA 92705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc VP Regl Affs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2496.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 31 / 2011**

**Transaction ID : PR2119492026946**

Amount of Each Receipt this Period  
**1248.00**

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. SUSAN VANASTEN**

Mailing Address W313 GOLDEN GLOW RD

City State Zip Code  
KAUKAUNA WI 54130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Site Dir Medicr Ins Sls

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1040.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 31 / 2011**

**Transaction ID : PR2119492626946**

Amount of Each Receipt this Period  
**520.00**

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. SCOTT B WESTPHAL**

Mailing Address 4536 ROCKY RUN LN

City State Zip Code  
OCONTO WI 54153

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Dir Act Svs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.04**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 31 / 2011**

**Transaction ID : PR2119493226946**

Amount of Each Receipt this Period  
**150.02**

P/R Deduction (\$11.54 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1918.02</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. LINDA D DAUGHERTY**  
Full Name (Last, First, Middle Initial)

Mailing Address 15442 NORTH 19TH WAY

City PHOENIX State AZ Zip Code 85022

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Assc Gen Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : PR2119493526946**

Amount of Each Receipt this Period **260.00**

P/R Deduction (\$20.00 Bi-Weekly)

**B. GREGORY WRIGHT**  
Full Name (Last, First, Middle Initial)

Mailing Address 13901 MAUVE DRIVE

City SANTA ANA State CA Zip Code 92705

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : PR2119494126946**

Amount of Each Receipt this Period **325.00**

P/R Deduction (\$25.00 Bi-Weekly)

**C. GEORGE M YOUNG**  
Full Name (Last, First, Middle Initial)

Mailing Address 36296 N 98TH WAY

City SCOTTSDALE State AZ Zip Code 85262

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Regn Exec

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : PR2119494426946**

Amount of Each Receipt this Period **195.00**

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **780.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. STEVEN C YOUNG</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 10765 QUAIL CREEK DRIVE EAST		<b>Transaction ID : PR2119494526946</b>
City PARKER	State CO	Zip Code 80138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer United HealthCare Services Inc	Occupation SB Acct Exec	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. FORREST G BURKE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 380 LEAF STREET		<b>Transaction ID : PR2133132426946</b>
City ORONO	State MN	Zip Code 55356
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00
Name of Employer United HealthCare Services Inc	Occupation Pres PS Labor Trust	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM R COLEMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 831 RATLEY ROAD		<b>Transaction ID : PR2133132526946</b>
City WEST SUFFIELD	State CT	Zip Code 06093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 156.00
Name of Employer United HealthCare Services Inc	Occupation Dir Clms	P/R Deduction (\$12.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1586.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DANIEL M CUMMINGS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1929 FAIRMOUNT AVE  
City SAINT PAUL State MN Zip Code 55105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Dir Accting  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2133132626946**  
Amount of Each Receipt this Period 195.00  
P/R Deduction (\$15.00 Bi-Weekly)

**B. CHARLES W HANSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4133 WHITE OAK LN  
City EXCELSIOR State MN Zip Code 55331  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation VP Underwriting  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2133133126946**  
Amount of Each Receipt this Period 325.00  
P/R Deduction (\$0.00 Bi-Weekly)

**C. BROR O HULTGREN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 408 22ND ST  
City GOLDEN State CO Zip Code 80401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation VP Ops  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2133133226946**  
Amount of Each Receipt this Period 499.98  
P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1019.98
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 193
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. CAROLYN MAGILL HANSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 ALEXANDER STREET  
#1201

City YONKERS State NY Zip Code 10701

FEC ID number of contributing federal political committee. **C**

Name of Employer: United HealthCare Services Inc  
Occupation: Dir General Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR2133133526946**

Amount of Each Receipt this Period  
249.99

P/R Deduction (\$19.23 Bi-Weekly)

**B. ALLEN D MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 6209 CRESCENT DRIVE

City EDINA State MN Zip Code 55436

FEC ID number of contributing federal political committee. **C**

Name of Employer: United HealthCare Services Inc  
Occupation: Regn Exec Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
910.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR2133133626946**

Amount of Each Receipt this Period  
455.00

P/R Deduction (\$35.00 Bi-Weekly)

**C. SUSAN C MORISATO**  
Full Name (Last, First, Middle Initial)

Mailing Address 238 ARDMORE ROAD

City DES PLAINES State IL Zip Code 60016

FEC ID number of contributing federal political committee. **C**

Name of Employer: United HealthCare Services Inc  
Occupation: Pres Insurance Sols

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3900.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR2133133826946**

Amount of Each Receipt this Period  
1950.00

P/R Deduction (\$193.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2654.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KIMBERLY ALLENE NETTLETON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5003 DARNELL  
 City HOUSTON State TX Zip Code 77096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2133133926946**  
 Amount of Each Receipt this Period 195.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. T JEFFREY PUTNAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 303 ELMWOOD PLACE WEST  
 City MINNEAPOLIS State MN Zip Code 55419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Financial Plng Anlys  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2133134226946**  
 Amount of Each Receipt this Period 2499.90  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. DIANE M SCHIMMELBUSCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2203 RIVER FALLS DRIVE  
 City KINGWOOD State TX Zip Code 77339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2133134626946**  
 Amount of Each Receipt this Period 325.00  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3019.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. ANITA W SHIELS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7729 KENSINGTON MANOR LANE  
 City State Zip Code  
 WAKE FOREST NC 27587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP Gen Mgmt  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2133134726946**  
 Amount of Each Receipt this Period  
 130.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. DANIEL M COLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9790 FOXWORTH DRIVE  
 City State Zip Code  
 JOHNS CREEK GA 30022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc UHC SIs RVP KA SB  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2145728326946**  
 Amount of Each Receipt this Period  
 130.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. ROBERT C FALKENBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6069 WEATHERED OAK CT  
 City State Zip Code  
 WESTERVILLE OH 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Hlth Plan CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2145728426946**  
 Amount of Each Receipt this Period  
 499.98  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	759.98
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. ROB FARAHANI**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 704

City HUNTINGTON State NY Zip Code 11743

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir IT Proj Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2145728526946**

Amount of Each Receipt this Period  
**499.98**

P/R Deduction (\$38.46 Bi-Weekly)

**B. CARL T KIDD**  
Full Name (Last, First, Middle Initial)

Mailing Address 12210 OYSTER COVE COURT

City STAFFORD State TX Zip Code 77477

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Client Svc Acct Mgt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **663.55**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2145728826946**

Amount of Each Receipt this Period  
**288.50**

P/R Deduction (\$28.85 Bi-Weekly)

**C. NANCY E LINDIMORE**  
Full Name (Last, First, Middle Initial)

Mailing Address 8256 SNEAD WAY

City WESTERVILLE State OH Zip Code 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2145728926946**

Amount of Each Receipt this Period  
**260.00**

P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1048.48</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. WILLIAM Y MICKLE**

Mailing Address 8 DURANGO COURT

City State Zip Code  
 ALISO VIEJO CA 92656

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Bus Segment CAO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2145729126946**

Amount of Each Receipt this Period  
 130.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. WAYNE MILLER**

Mailing Address 19521 SIERRA SOTO RD

City State Zip Code  
 IRVINE CA 92603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc SVP Clnt Relhips

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2145729226946**

Amount of Each Receipt this Period  
 260.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. LEAH C RUMMEL**

Mailing Address 12100 TRAUTWEIN ROAD

City State Zip Code  
 AUSTIN TX 78737

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Dir Govt Rel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2145729526946**

Amount of Each Receipt this Period  
 195.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 585.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MICHAEL P SCHWARZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 13935 WOODRIDGE PATH

City SAVAGE	State MN	Zip Code 55378
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt
--	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **910.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2145729726946**

Amount of Each Receipt this Period  

455.00
--------

P/R Deduction (\$35.00 Bi-Weekly)

**B. DANNETTE L SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 5414 BYSCANE LANE

City MINNETONKA	State MN	Zip Code 55345
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Sr Deputy Gen Counsel
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3310.36**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2145729926946**

Amount of Each Receipt this Period  

1810.42
---------

P/R Deduction (\$193.00 Bi-Weekly)

**C. RANDALL SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 20607 BROADWATER DRIVE

City LAND O LAKES	State FL	Zip Code 34638
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt
--	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.04**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2145730026946**

Amount of Each Receipt this Period  

150.02
--------

P/R Deduction (\$11.54 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2415.44</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MARGARET W WEAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44 TOPANGA  
 City IRVINE State CA Zip Code 92602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Actuary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2145730226946**  
 Amount of Each Receipt this Period 650.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. MARYNELL F BENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 IRON WORKS WAY  
 City WAYNE State PA Zip Code 19087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2162866926946**  
 Amount of Each Receipt this Period 130.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. DAVID A SPIVACK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 37 HIDDEN TRAIL  
 City IRVINE State CA Zip Code 92603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Bus Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2162867626946**  
 Amount of Each Receipt this Period 2499.90  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3279.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KURT C LEWIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 961 RIVER FOREST DRIVE

City MAINEVILLE State OH Zip Code 45039

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation KA VP Sls Acct Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2203967526946**

Amount of Each Receipt this Period 150.02

P/R Deduction (\$11.54 Bi-Weekly)

**B. CHRISTINE W GIBSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 8516 29TH AVE N

City NEW HOPE State MN Zip Code 55427

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Strat Initi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2999.88

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2225166726946**

Amount of Each Receipt this Period 1499.94

P/R Deduction (\$115.38 Bi-Weekly)

**C. ANDREW M SLAVITT**  
Full Name (Last, First, Middle Initial)

Mailing Address 5125 MIRROR LAKES DRIVE

City EDINA State MN Zip Code 55436

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Optum Exec

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.90

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2225167426946**

Amount of Each Receipt this Period 1749.90

P/R Deduction (\$0.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3399.86

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JEAN-FRANCOIS BEAULE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 STRATFORD RD  
 City FARMINGTON State CT Zip Code 06032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1442.50

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2225813626946**  
 Amount of Each Receipt this Period 692.40  
 P/R Deduction (\$57.70 Bi-Weekly)

**B. NANCY S MACK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10140 26TH AVENUE NORTH  
 City PLYMOUTH State MN Zip Code 55441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2225818426946**  
 Amount of Each Receipt this Period 195.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. CHARLES Martel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 676 LAKE SUSAN HILLS DRIVE  
 City CHANHASSEN State MN Zip Code 55317-8701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2225818626946**  
 Amount of Each Receipt this Period -10.00  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	877.40
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL MCGUIRE</b>		Date of Receipt 12 / 31 / 2011
Mailing Address 437 DRURY LANE		<b>Transaction ID : PR2225818826946</b>
City WYCKOFF	State NJ	Zip Code 07481
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 260.00	
Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. ERIC S RANGEN</b>		Date of Receipt 12 / 31 / 2011
Mailing Address 15348 RED OAKS ROAD SE		<b>Transaction ID : PR2225819326946</b>
City PRIOR LAKE	State MN	Zip Code 55372
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2499.90	
Name of Employer United HealthCare Services Inc	Occupation SVP Chief Accting Off	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.80	

Full Name (Last, First, Middle Initial) <b>C. JOHN D RYAN</b>		Date of Receipt 12 / 31 / 2011
Mailing Address 45 WESTMORELAND LN		<b>Transaction ID : PR2225819626946</b>
City NAPERVILLE	State IL	Zip Code 60540
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 499.98	
Name of Employer United HealthCare Services Inc	Occupation RVP Clnt Mgmt Svc	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3259.88
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. ROY THOMAS SAILOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 276 COYOTE WILLOW DRIVE  
 City COLORADO SPRINGS State CO Zip Code 80921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1001.04

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2225819726946**  
 Amount of Each Receipt this Period 962.04  
 P/R Deduction (\$76.92 Bi-Weekly)

**B. KAREN A DIPALMO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7533 PRAIRIE VIEW DR  
 City INDIANAPOLIS State IN Zip Code 46256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Golden Rule Financial Corp. Occupation Dir Ntwk Prgms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2231347226946**  
 Amount of Each Receipt this Period 390.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**C. JEFFERY A DROZDA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9765 GRACE LANE  
 City CLINTON State LA Zip Code 70722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Assoc Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2231347426946**  
 Amount of Each Receipt this Period 520.00  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1872.04
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. SUSAN A FOWLER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 4396 CREEKSIDE PASS		<b>Transaction ID : PR2231349726946</b>
City ZIONSVILLE	State IN	Zip Code 46077
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 195.00
Name of Employer Golden Rule Financial Corp.	Occupation VP UHO SIs	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>B. KASIA HANNA</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 1419 HORNADAY RD		<b>Transaction ID : PR2231350626946</b>
City BROWNSBURG	State IN	Zip Code 46112
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 130.00
Name of Employer Golden Rule Insurance Company	Occupation Sr IT Proj Cnslt	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. MARGARET C HAYS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 507 WOODLAND W DRIVE		<b>Transaction ID : PR2231350726946</b>
City GREENFIELD	State IN	Zip Code 46140
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 130.00
Name of Employer Golden Rule Insurance Company	Occupation Dir Clms	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	455.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. KIP J METHENY**

Mailing Address 808 JEFFERSON

City State Zip Code  
 LAWRENCEVILLE IL 62439

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Golden Rule Insurance Company Spvsr Clms

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2231351426946**

Amount of Each Receipt this Period  
 130.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. PAMELA ANN MOORE**

Mailing Address 7488 SHILOH LANE

City State Zip Code  
 BRIDGEPORT IL 62417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Golden Rule Insurance Company Mgr Facilities

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 257.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2231351726946**

Amount of Each Receipt this Period  
 128.70

P/R Deduction (\$9.90 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. DONALD M MUDGETT**

Mailing Address 8131 LAKE POINT WAY

City State Zip Code  
 INDIANAPOLIS IN 46256

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Golden Rule Financial Corp. Assc Dir Gen Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 436.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2231351926946**

Amount of Each Receipt this Period  
 182.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 440.70

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. ANDREW L PEARSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 7371 OAKLAND HILLS CIR

City INDIANAPOLIS State IN Zip Code 46236

FEC ID number of contributing federal political committee. **C**

Name of Employer Golden Rule Insurance Company Occupation Mgr IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2231352026946**

Amount of Each Receipt this Period  
 130.00

P/R Deduction (\$10.00 Bi-Weekly)

**B. JILL PHELPS**  
Full Name (Last, First, Middle Initial)

Mailing Address 95 KENSINGTON CT

City PITTSBORO State IN Zip Code 46167

FEC ID number of contributing federal political committee. **C**

Name of Employer Golden Rule Insurance Company Occupation Sr Bus Anlyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2231352126946**

Amount of Each Receipt this Period  
 130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C. DARRELL S RICHEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 10823 MOORS END CIRCLE

City FISHERS State IN Zip Code 46038

FEC ID number of contributing federal political committee. **C**

Name of Employer Golden Rule Financial Corp. Occupation Deputy Gen Counsel Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2080.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2231352326946**

Amount of Each Receipt this Period  
 1040.00

P/R Deduction (\$80.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JANET SUE SELF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3202 BABSON CT  
 City INDIANAPOLIS State IN Zip Code 46268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Golden Rule Financial Corp. Occupation Dir Actuarial Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2231352426946**  
 Amount of Each Receipt this Period 195.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. AMANDA JANE WINKLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 704 EAST MAIN STREET  
 City CARMEL State IN Zip Code 46032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Golden Rule Insurance Company Occupation UHO Dir NA SIs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2231352526946**  
 Amount of Each Receipt this Period 130.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. MICHAEL R CONNLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 570 MONTCALM PL  
 City SAINT PAUL State MN Zip Code 55116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Chief Tech Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2247625826946**  
 Amount of Each Receipt this Period 1300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. SHANKAR RAO**

Mailing Address 10622 EQUESTRIAN DR

City State Zip Code  
 COWAN HEIGHTS CA 92705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc VP IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **249.86**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2247626326946**

Amount of Each Receipt this Period  
**124.93**

P/R Deduction (\$9.61 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. JOSEPH R CARCIONE JR**

Mailing Address 11 CARRIAGE WAY

City State Zip Code  
 WHITE PLAINS NY 10605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Med Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2247626826946**

Amount of Each Receipt this Period  
**750.10**

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. KEVIN DAVID KANTOLA**

Mailing Address 7031 HALSTEAD DRIVE

City State Zip Code  
 MINNETRISTA MN 55364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc VP IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2247627026946**

Amount of Each Receipt this Period  
**325.00**

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1200.03**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. DENNIS P O'BRIEN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 61 LOUGHLIN AVE		<b>Transaction ID : PR2247627326946</b>
City COS COB	State CT	Zip Code 06807
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 750.10	
Name of Employer United HealthCare Services Inc	Occupation RVP Ntwk Mgmt	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.20	

Full Name (Last, First, Middle Initial) <b>B. JEFFERY RICHARD VERNEY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 266 WESTLEDGE ROAD		<b>Transaction ID : PR2247627426946</b>
City WEST SIMSBURY	State CT	Zip Code 06092
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 750.10	
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.20	

Full Name (Last, First, Middle Initial) <b>C. DARRELL BROOKS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 425 QUEENSLAND LANE NORTH		<b>Transaction ID : PR2247627626946</b>
City PLYMOUTH	State MN	Zip Code 55447
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 750.10	
Name of Employer United HealthCare Services Inc	Occupation VP Info Tech	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.20	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 89 OF 193
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. SANJAY GARODIA</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2247627826946</b>
Mailing Address 282 MIDDAUGH		Amount of Each Receipt this Period 499.98
City CLARENDON HILLS	State IL	Zip Code 60514
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation COO IBS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) <b>B. JACQUELINE B KOSECOFF</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2247627926946</b>
Mailing Address 1474 BIENVENEDA AVE		Amount of Each Receipt this Period 2499.90
City PACIFIC PALISADES	State CA	Zip Code 90272
FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Business Segment CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.80	

Full Name (Last, First, Middle Initial) <b>C. DANIEL L OHMAN</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2247628026946</b>
Mailing Address 8970 MOOR PARK RUN		Amount of Each Receipt this Period 349.96
City DULUTH	State GA	Zip Code 30097
FEC ID number of contributing federal political committee. C		P/R Deduction (\$26.92 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Regn CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 699.92	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3349.84
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JEFFREY J CRUMBAUGH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 226 25TH ST DR SE  
 City CEDAR RAPIDS State IA Zip Code 52403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation M R Sls Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.28

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2259635226946**  
 Amount of Each Receipt this Period 182.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. JOHN M PRINCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 546 HARRINGTON ROAD  
 City WAYZATA State MN Zip Code 55391  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Mkt Group CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2522.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2259738426946**  
 Amount of Each Receipt this Period 1261.00  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. CHRISTOPHER L CRONN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 507 PRESSLER #3128  
 City AUSTIN State TX Zip Code 78703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2270522926946**  
 Amount of Each Receipt this Period 499.98  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1942.98
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KAREN R FINNERTY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4430 PARK POINT  
 City State Zip Code  
 LEWIS CENTER OH 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Dir Gen Mgmt  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2270546626946**  
 Amount of Each Receipt this Period  
 130.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. SIMON L STEVENS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1716 EMERSON AVENUE SOUTH  
 City State Zip Code  
 MINNEAPOLIS MN 55403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc EVP UnitedHlth Group  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 4999.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2364863226946**  
 Amount of Each Receipt this Period  
 4999.90  
 P/R Deduction (\$108.70 Bi-Weekly)

**C. JEANNE M DE SA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3000 TILDEN STREET NW #204-1  
 City State Zip Code  
 WASHINGTON DC 20008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP Rsch  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2402315926946**  
 Amount of Each Receipt this Period  
 650.00  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5779.90
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. DONALD D JACOBS**

Mailing Address 19495 VINE RIDGE ROAD

City Shorewood State MN Zip Code 55331

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Sr Proj Mgr II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2402317326946**

Amount of Each Receipt this Period  
 130.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. ANGELA DAWN KEPLEY CARRIER**

Mailing Address 3219 PENINSULA DRIVE

City Jamestown State NC Zip Code 27282

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Case Mgmt

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2402317726946**

Amount of Each Receipt this Period  
 260.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. MARILYN LEVI-BAUMGARTEN**

Mailing Address 4800 W 27TH ST

City Saint Louis Park State MN Zip Code 55416

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2402317926946**

Amount of Each Receipt this Period  
 260.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **650.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 OF 193 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JAKE LOGAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4826 EAST CALLE REDONDA

City PHOENIX	State AZ	Zip Code 85018
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Govt Rel Dir
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2402318226946**

Amount of Each Receipt this Period  

325.00
--------

P/R Deduction (\$25.00 Bi-Weekly)

**B. MARIA MCCAULEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 6321 MANATEE AVENUE WEST

City BRADENTON	State FL	Zip Code 34209
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Sr Proj Mgr II
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2402318426946**

Amount of Each Receipt this Period  

260.00
--------

P/R Deduction (\$20.00 Bi-Weekly)

**C. STACY S MCGRATH**  
Full Name (Last, First, Middle Initial)

Mailing Address 5625 CHOWEN AVE S

City EDINA	State MN	Zip Code 55410
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Bus Process
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2402318526946**

Amount of Each Receipt this Period  

195.00
--------

P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>780.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. RICHARD W MOCKLER</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2011
Mailing Address 2113 13TH AVE SOUTH		<b>Transaction ID : PR2402318726946</b>
City SEATTLE	State WA	Zip Code 98144
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 130.00	
Name of Employer United HealthCare Services Inc	Occupation VP Bus Dvlp	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. ANDREA MORRISON DAVIS</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2011
Mailing Address 2 LAKESHIRE COURT		<b>Transaction ID : PR2402318926946</b>
City OWINGS MILLS	State MD	Zip Code 21117
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 130.00	
Name of Employer United HealthCare Services Inc	Occupation Acct Mgt Cons Clnt Svc	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. JILL RIVERS</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2011
Mailing Address 6648 DASHER COURT		<b>Transaction ID : PR2402319526946</b>
City COLUMBIA	State MD	Zip Code 21045
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 75.00	
Name of Employer United HealthCare Services Inc	Occupation Director HHS Consulting	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	335.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 95 OF 193
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KATHERINE E SHERWIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 CENTRAL AVE  
 City NEWTON State MA Zip Code 02460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Clin Med Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2402319926946**  
 Amount of Each Receipt this Period  
 130.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. DIANE D SOUZA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 360 STANLEY DRIVE  
 City GLASTONBURY State CT Zip Code 06033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation CEO Spclty Bens  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2692.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2402320026946**  
 Amount of Each Receipt this Period  
 2499.90  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. LORI SWEERE LILIENTHAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11826 GERMAINE TERRACE  
 City EDEN PRAIRIE State MN Zip Code 55347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation EVP Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2972.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2402320226946**  
 Amount of Each Receipt this Period  
 1672.00  
 P/R Deduction (\$193.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4301.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MYLYNN TUFTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3630 26TH ST SE  
 City DAWSON State ND Zip Code 58428-9678  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Medical & Clinical Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2402320326946**  
 Amount of Each Receipt this Period 400.00  
 P/R Deduction (\$400.00 Bi-Weekly)

**B. MICHAEL S ZENOBI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1877 E CHILTON DRIVE  
 City TEMPE State AZ Zip Code 85283  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 316.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2402320826946**  
 Amount of Each Receipt this Period 182.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. SHELLEY WIKE CRANLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3801 MAURICE COURT  
 City LAS VEGAS State NV Zip Code 89108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2402444426946**  
 Amount of Each Receipt this Period 1300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1882.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DANIEL J WEAVER**  
Full Name (Last, First, Middle Initial)

Mailing Address 618 VILLA DRIVE  
2026

City CASTLE PINES State CO Zip Code 80108

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
316.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR2402444626946**

Amount of Each Receipt this Period  
182.00

P/R Deduction (\$14.00 Bi-Weekly)

**B. JAY M ANLIKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4306 MOUNTAIN LANE

City WAUSAU State WI Zip Code 54401

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation CEO TPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR2402445026946**

Amount of Each Receipt this Period  
260.00

P/R Deduction (\$20.00 Bi-Weekly)

**C. JAMES C COLEMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4135 ETHAN DRIVE

City EAGAN State MN Zip Code 55123

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Empl Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2600.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR2402445226946**

Amount of Each Receipt this Period  
1300.00

P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1742.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JAMES D DONOVAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2816 MONTREAUX DRIVE  
 City FRISCO State TX Zip Code 75034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Bus Dev Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1690.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2402445326946**  
 Amount of Each Receipt this Period 845.00  
 P/R Deduction (\$65.00 Bi-Weekly)

**B. JOHN L LARSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11688 TANGLEWOOD DRIVE  
 City EDEN PRAIRIE State MN Zip Code 55347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3159.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2402445626946**  
 Amount of Each Receipt this Period 2509.00  
 P/R Deduction (\$193.00 Bi-Weekly)

**C. KARA J Rios**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5116 DUGGAN PLAZA  
 City EDINA State MN Zip Code 55439-1453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.90

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2402445726946**  
 Amount of Each Receipt this Period 1749.90  
 P/R Deduction (\$250.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5103.90  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JOY O HIGA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2208 ELM AVENUE  
City MANHATTAN BEACH State CA Zip Code 90266  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Dir Regl Affs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2402446226946**  
Amount of Each Receipt this Period 390.00  
P/R Deduction (\$30.00 Bi-Weekly)

**B. SOHINI G JINDAL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9300 IVY TREE LANE  
City GREAT FALLS State VA Zip Code 22066  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2402446326946**  
Amount of Each Receipt this Period 1300.00  
P/R Deduction (\$100.00 Bi-Weekly)

**C. RUSSELL C PETRELLA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4612 MOORLAND AVENUE  
City EDINA State MN Zip Code 55424  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Pres C S  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2402446426946**  
Amount of Each Receipt this Period 1300.00  
P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 2990.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 100 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. CORY ALEXANDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4203 BRADLEY LANE

City State Zip Code  
CHEVY CHASE MD 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc VP Gov't Rel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
4999.80

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR2405428826946**

Amount of Each Receipt this Period  
2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**B. CHRIS A SCHERER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1044 ST JAMES PARK AVE

City State Zip Code  
MONROE MI 48161

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc VP Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR2405429026946**

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C. JOSEPH R STEVENS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1621 BERKSHIRE RD

City State Zip Code  
COLUMBUS OH 43221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Govt Rel Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1237.60

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR2405429126946**

Amount of Each Receipt this Period  
618.80

P/R Deduction (\$47.60 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3248.70

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 101 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. RODNEY CHARLES ARMSTEAD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 406 LEWELEN CIRCLE  
 City ENGLEWOOD State NJ Zip Code 07631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2405430226946**  
 Amount of Each Receipt this Period 520.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. KAREN ANN SAELENS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 N FLORENCE AVE  
 City LITCHFIELD PARK State AZ Zip Code 85340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2408544826946**  
 Amount of Each Receipt this Period 260.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. KATHLYN G WEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4118 38TH ST NW  
 City WASHINGTON State DC Zip Code 20016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2408545026946**  
 Amount of Each Receipt this Period 260.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1040.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. GAIL KOZIARA KOZIARA BOUDREAUX**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 841 HOLDEN COURT  
 City LAKE FOREST State IL Zip Code 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation EVP Gr Pres UHC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2437119526946**  
 Amount of Each Receipt this Period  
 4999.80  
 P/R Deduction (\$192.31 Bi-Weekly)

**B. SCOTT A BOWERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 809 GADSDEN PLACE  
 City FRANKLIN State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Plan Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2437119626946**  
 Amount of Each Receipt this Period  
 130.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. JEFFREY SEAN CORZINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7649 EARLINGTON PARKWAY  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2437119726946**  
 Amount of Each Receipt this Period  
 260.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5389.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. ANA T FUENTEVILLA</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2437119826946</b>
Mailing Address 4815 NORTH CAMINO ESCUELA		Amount of Each Receipt this Period 130.00
City TUCSON State AZ Zip Code 85718	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc Occupation Sr Med Dir	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>B. RITA FAYE JOHNSON-MILLS</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2437120126946</b>
Mailing Address 9727 SKY LANE		Amount of Each Receipt this Period 195.00
City EDEN PRAIRIE State MN Zip Code 55347	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc Occupation VP Ops	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 390.00		

Full Name (Last, First, Middle Initial) <b>C. DAVID K LIVINGSTON</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2437120226946</b>
Mailing Address 24570 RIDGE POLE COURT		Amount of Each Receipt this Period 1261.00
City SOUTH LYON State MI Zip Code 48178	FEC ID number of contributing federal political committee. C	P/R Deduction (\$97.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc Occupation Plan Pres	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1586.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1586.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. DAVID WILLIAM THOMAS**

Mailing Address 841 LAKE ROAD

City BRADFORD WOODS State PA Zip Code 15015

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2437120426946**

Amount of Each Receipt this Period  
 130.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. JACK S WEISS**

Mailing Address 6245 NORTH 75 STREET

City SCOTTSDALE State AZ Zip Code 85250

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation NA Med Dir/CMO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2437120526946**

Amount of Each Receipt this Period  
 325.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. PAUL JOSEPH BALTHAZOR**

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City BROOKLYN PARK State MN Zip Code 55443

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Bus Segment CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1560.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2437120726946**

Amount of Each Receipt this Period  
 780.00

P/R Deduction (\$60.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1235.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. KELLY L CLARK</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2437121326946</b>
Mailing Address 13540 BIRCHWOOD AVENUE		Amount of Each Receipt this Period 499.98
City ROSEMOUNT	State MN	Zip Code 55068
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Bus Segment CIO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. LAURA L NESS</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2437121526946</b>
Mailing Address 10550 PINNACLE WAY		Amount of Each Receipt this Period 507.00
City WOODBURY	State MN	Zip Code 55129
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation VP Finance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 767.00	P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. JOHN W COSGRIFF</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2437121626946</b>
Mailing Address 1837 SUMMIT LANE		Amount of Each Receipt this Period 500.00
City MENDOTA HEIGHTS	State MN	Zip Code 55118
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Chief of Staff
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1506.98
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. JOHN P BLANK</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 1582 MEDINA RD		<b>Transaction ID : PR2437126926946</b>
City ORONO	State MN	Zip Code 55356-9518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1261.00
Name of Employer United HealthCare Services Inc	Occupation VP Operations	P/R Deduction (\$97.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1358.00	

Full Name (Last, First, Middle Initial) <b>B. PETER W RAINEY</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 3115 WEST 47 STREET		<b>Transaction ID : PR2437127526946</b>
City MINNEAPOLIS	State MN	Zip Code 55410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 507.00
Name of Employer United HealthCare Services Inc	Occupation VP Finance	P/R Deduction (\$115.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 507.00	

Full Name (Last, First, Middle Initial) <b>C. ROBIN E LIPPERT</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 522 4 STREET SOUTH EAST		<b>Transaction ID : PR2439928026946</b>
City WASHINGTON	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2940.38
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel	P/R Deduction (\$192.31 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.90	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4708.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 107 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. STEPHEN M HEYMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2011
Mailing Address 5300 SHERRILL AVENUE		<b>Transaction ID : PR2444265726946</b>
City CHEVY CHASE	State MD	Zip Code 20815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00
Name of Employer United HealthCare Services Inc	Occupation VP Govt Rel	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

Full Name (Last, First, Middle Initial) <b>B. DEWAYNE Ullsperger</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2011
Mailing Address 4440 AVONDALE		<b>Transaction ID : PR2444561326946</b>
City MINNETONKA	State MN	Zip Code 55345-2754
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer United HealthCare Services Inc	Occupation VP Actuary	P/R Deduction (\$2500.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. JAMES Murphy</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2011
Mailing Address 100 3RD AVE S UNIT 2501		<b>Transaction ID : PR2444561426946</b>
City MINNEAPOLIS	State MN	Zip Code 55401-2721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer United HealthCare Services Inc	Occupation Business Segment COO	P/R Deduction (\$2500.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. DANNA L MEZIN</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2444561526946</b>
Mailing Address 1059 HIGHWAY 12		Amount of Each Receipt this Period 2500.00
City ROBERTS	State WI	Zip Code 54023
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Business Segment COO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	P/R Deduction (\$2000.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. LORI C MCDOUGAL</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2445015326946</b>
Mailing Address 19705 LAKEVIEW AVENUE		Amount of Each Receipt this Period 2499.90
City DEEPHAVEN	State MN	Zip Code 55331
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation CEO UMVS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. DONALD S LANGER</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2445015426946</b>
Mailing Address 5110 OAK RAMBLING DRIVE		Amount of Each Receipt this Period 260.00
City KATY	State TX	Zip Code 77494
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Plan Pres
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5259.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 109 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. CHARLES L Wilkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10827 MOUNT CURVE ROAD  
 City State Zip Code  
 EDEN PRAIRIE MN 55347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc CEO OH Financial Services  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2445016626946**  
 Amount of Each Receipt this Period  
 1300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. LILLI ANN HIRSH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7379 DEVIN LANE  
 City State Zip Code  
 SHAKOPEE MN 55379  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Human Capital Partner Mgr  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 308.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2445016726946**  
 Amount of Each Receipt this Period  
 178.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. LENYS M ALCOREZA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 809 SANTA FE COURT  
 City State Zip Code  
 VIRGINIA BEACH VA 23456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP Sls Mktg C S  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2445016826946**  
 Amount of Each Receipt this Period  
 130.00  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1608.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. MARK J DUHAIME**

Mailing Address 5781 RUBY DRIVE

City State Zip Code  
TROY MI 48085

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc VP Info Tech

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **666.00**

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR2445016926946**

Amount of Each Receipt this Period  
**507.00**

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. SABRINA Ferguson**

Mailing Address 507 NORTHWIND DRIVE

City State Zip Code  
BRANDON MS 39047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Assoc Dir Clinical Quality

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR2445017226946**

Amount of Each Receipt this Period  
**260.00**

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. EILEEN J LIVERANI**

Mailing Address 100 BOSTOCK ROAD

City State Zip Code  
SHOKAN NY 12481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Dir Cust Service

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **720.20**

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : PR2460167226946**

Amount of Each Receipt this Period  
**360.10**

P/R Deduction (\$27.70 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1127.10</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 111 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DANIEL KRAJNOVICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9958 BUTTOWNDOWN LANE  
 City ZIONSVILLE State IN Zip Code 46077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2460167326946**  
 Amount of Each Receipt this Period 170.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. LUKE J MALLOY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4635 URBANDALE COURT NORTH  
 City PLYMOUTH State MN Zip Code 55446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Comp Bus Group  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2460167426946**  
 Amount of Each Receipt this Period 130.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. JUNE THIELEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6245 WAKEFIELD COURT  
 City SHAKOPEE State MN Zip Code 55379  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 358.80

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2460167526946**  
 Amount of Each Receipt this Period 179.40  
 P/R Deduction (\$13.80 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 479.40  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 112 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. KARIN KEITEL</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2460167626946</b>
Mailing Address 3918 HAVEN ROAD		Amount of Each Receipt this Period 650.00
City MINNETONKA	State MN	Zip Code 55345
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	
Occupation Bus Segment Gen Counsel		P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>B. RACHEL V GODWIN</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2460167826946</b>
Mailing Address 343 TARAS DR		Amount of Each Receipt this Period 230.00
City HIGHLAND	State MI	Zip Code 48356
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	
Occupation Dir Medical & Clinical Ops		P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

Full Name (Last, First, Middle Initial) <b>C. SHELBY P SOLOMON</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : PR2460167926946</b>
Mailing Address 5702 BLAKE ROAD		Amount of Each Receipt this Period 1495.00
City EDINA	State MN	Zip Code 55436
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	
Occupation Pres Govt		P/R Deduction (\$115.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2990.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 113 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. JELKA S PETROVIC</b>		Date of Receipt
Mailing Address 4454 PEPPER MILL LANE		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
ORION	MI	48359
FEC ID number of contributing federal political committee.		Transaction ID : <b>PR2460168026946</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="260.00"/>
Name of Employer	Occupation	P/R Deduction (\$20.00 Bi-Weekly)
United HealthCare Services Inc	Hlth Plan CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) <b>B. LARRY C RENFRO</b>		Date of Receipt
Mailing Address 5 DOVE LANE		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
ANDOVER	MA	01810
FEC ID number of contributing federal political committee.		Transaction ID : <b>PR2460168126946</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2499.90"/>
Name of Employer	Occupation	P/R Deduction (\$192.30 Bi-Weekly)
United HealthCare Services Inc	EVP UHG CEO Optum	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4999.80"/>	

Full Name (Last, First, Middle Initial) <b>C. DAVID B ORBUCH</b>		Date of Receipt
Mailing Address 3370 SYCAMORE LANE		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
PLYMOUTH	MN	55441
FEC ID number of contributing federal political committee.		Transaction ID : <b>PR2460168226946</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.50"/>
Name of Employer	Occupation	P/R Deduction (\$38.50 Bi-Weekly)
United HealthCare Services Inc	Chief Compli Off	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1001.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3260.40"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 114 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. ERIC J WEXLER**

Mailing Address 7220 WILLOW OAK DR

City State Zip Code  
 WEST BLOOMFIELD MI 48324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Deputy Gen Counsel Mgr

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **832.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2463723126946**

Amount of Each Receipt this Period  
**416.00**

P/R Deduction (\$32.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. KAREN L WALKOWSKI**

Mailing Address 6359 COUNTRY ROAD

City State Zip Code  
 EDEN PRAIRIE MN 55346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Dir Bus Process

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2463723426946**

Amount of Each Receipt this Period  
**260.00**

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. PETER M GILL**

Mailing Address 8380 MONTGOMERY COURT

City State Zip Code  
 EDEN PRAIRIE MN 55347-1402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc VP Corporate Development

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2463724626946**

Amount of Each Receipt this Period  
**2500.00**

P/R Deduction (\$2500.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **3176.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. SUE SCHICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 319 BERKLEY ROAD

City MERION STATION State PA Zip Code 19066

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2480620526946**

Amount of Each Receipt this Period 1625.00

P/R Deduction (\$125.00 Bi-Weekly)

**B. CHRISTOPHER MARK ABBOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address W154N6076 HICKORY HOLLOW CT

City MENOMONEE FALLS State WI Zip Code 53051

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Regn Exec

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2484541526946**

Amount of Each Receipt this Period 134.00

P/R Deduction (\$14.00 Bi-Weekly)

**C. JO ANNE M ANDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 6236 KNOLL DRIVE

City EDINA State MN Zip Code 55436

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Integration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2002.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2484541626946**

Amount of Each Receipt this Period 1079.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 2838.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MATTHEW A BURNS**  
Full Name (Last, First, Middle Initial)

Mailing Address 416 EAST 4TH STREET

City EDMOND State OK Zip Code 73034-5305

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Communications

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2484541726946**

Amount of Each Receipt this Period 650.00

P/R Deduction (\$50.00 Bi-Weekly)

**B. JAMES F COPPENS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5965 LAKE LINDEN COURT

City SHOREWOOD State MN Zip Code 55331

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Total Comp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1641.90

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2484541926946**

Amount of Each Receipt this Period 820.95

P/R Deduction (\$63.15 Bi-Weekly)

**C. LILLIAN R HECKMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 552 DEER LAKE CIRCLE

City BLUE BELL State PA Zip Code 19422

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Proj Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2484542126946**

Amount of Each Receipt this Period 390.00

P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1860.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 117 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. KEVIN Knarr**

Mailing Address 3138 O STREET NW

City State Zip Code  
 WASHINGTON DC 20007-3116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc VP Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2484542326946**

Amount of Each Receipt this Period  
 499.98

P/R Deduction (\$2500.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. MARK A PHILLIPS**

Mailing Address 1760 LUCY RIDGE CT

City State Zip Code  
 CHANHASSEN MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc SVP SIs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 429.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2484542626946**

Amount of Each Receipt this Period  
 429.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. DANIEL R TROPEANO**

Mailing Address 270 RAVENSCLIFF RD

City State Zip Code  
 SAINT DAVIDS PA 19087

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc SB KA VP SIs Acct Mgt

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2484542826946**

Amount of Each Receipt this Period  
 130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1058.98

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 118 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. JERI G KUBICKI**

Mailing Address 7659 COLDSTREAM DRIVE

City State Zip Code  
 CINCINNATI OH 45255

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc VP Govt Rel

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2486697826946**

Amount of Each Receipt this Period  
 650.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. THOMAS B MANDERFELD**

Mailing Address 4835 PENN AVENUE SOUTH

City State Zip Code  
 MINNEAPOLIS MN 55419

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc VP Gen Mgmt

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2486697926946**

Amount of Each Receipt this Period  
 520.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. LEANNE E SCHEIBER**

Mailing Address 1008 LEXINGTON AVE N

City State Zip Code  
 NEW PRAGUE MN 56071

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Dir Underwriting

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2486698126946**

Amount of Each Receipt this Period  
 130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DIRK C MCMAHON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1608 SUMMIT OAKS CT

City BURNSVILLE State MN Zip Code 55337

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2491457026946**

Amount of Each Receipt this Period 1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**B. JOHN G NACKEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 666 LINDA VISTA AVENUE

City PASADENA State CA Zip Code 91105-1145

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP OptumInsight Consulting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2522.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2491457226946**

Amount of Each Receipt this Period 1261.00

P/R Deduction (\$97.00 Bi-Weekly)

**C. CHRISTOPHER S Stanley**  
Full Name (Last, First, Middle Initial)

Mailing Address 12934 W 81ST AVE

City ARVADA State CO Zip Code 80005

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Sr Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2491457426946**

Amount of Each Receipt this Period 650.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 3211.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KATHRYN M SULLIVAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 530 N LAKE SHORE DR # 2309

City CHICAGO	State IL	Zip Code 60611
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Regn CEO
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2522.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2491457526946**

Amount of Each Receipt this Period  
1261.00

P/R Deduction (\$97.00 Bi-Weekly)

**B. MICHAEL SCOTT HARTLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4313 MORNINGSIDE ROAD

City EDINA	State MN	Zip Code 55416-5031
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Operations
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2538641326946**

Amount of Each Receipt this Period  
500.00

P/R Deduction (\$1500.00 Bi-Weekly)

**C. MARTIN C TOOMB**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 STANLEY TERRACE

City DOVER	State NJ	Zip Code 07801
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP IT
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2538641526946**

Amount of Each Receipt this Period  
195.00

P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1956.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 121 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KARA V SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 610 CRESTWOOD DRIVE  
 City ALEXANDRIA State VA Zip Code 22302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2540175326946**  
 Amount of Each Receipt this Period 2363.62  
 P/R Deduction (\$153.85 Bi-Weekly)

**B. PATRICK J BRENNAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 141 - 92ND STREET  
 City BROOKLYN State NY Zip Code 11209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2541300226946**  
 Amount of Each Receipt this Period 130.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. EDWARD M CHESTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 61 SPA ROAD  
 City ANNAPOLIS State MD Zip Code 21401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2541300326946**  
 Amount of Each Receipt this Period 360.00  
 P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2853.62
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. HYLLIUS R EDWARDS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address PO BOX 44246		<b>Transaction ID : PR2541300426946</b>
City DENVER	State CO	Zip Code 80201
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 650.00	
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) <b>B. MATTHEW A KING</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 1112 LORME COURT		<b>Transaction ID : PR2541300526946</b>
City BRENTWOOD	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 650.00	
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN VERSAGGI</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 800 ALBANY AVENUE		<b>Transaction ID : PR2541300826946</b>
City ALEXANDRIA	State VA	Zip Code 22302
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1547.65	
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel	P/R Deduction (\$96.16 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.05	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2847.65
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JENNIFER L MCMULLEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 857 GLENBROOK DRIVE

City ATLANTA State GA Zip Code 30318

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2542542126946**

Amount of Each Receipt this Period  
**325.00**

P/R Deduction (\$25.00 Bi-Weekly)

**B. RICHARD E RAMSAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 543 E LURAY AVE

City ALEXANDRIA State VA Zip Code 22301

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2542542226946**

Amount of Each Receipt this Period  
**650.00**

P/R Deduction (\$50.00 Bi-Weekly)

**C. IPYANA SPENCER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4226 40TH STREET NORTH

City ARLINGTON State VA Zip Code 22207

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2542542326946**

Amount of Each Receipt this Period  
**390.00**

P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1365.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. ANNE YAU</b>		Date of Receipt 12 / 31 / 2011
Mailing Address 9905 WOODLAND DRIVE		<b>Transaction ID : PR2543582526946</b>
City SILVER SPRING	State MD	Zip Code 20902
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 195.00	
Name of Employer United HealthCare Services Inc	Occupation Govt Rel Mgr	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. CHANTA G COMBS</b>		Date of Receipt 12 / 31 / 2011
Mailing Address 4229 SUMMERTREE DRIVE		<b>Transaction ID : PR2552313526946</b>
City TALLAHASSEE	State FL	Zip Code 32311
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 499.98	
Name of Employer United HealthCare Services Inc	Occupation Govt Rel Dir	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.36	

Full Name (Last, First, Middle Initial) <b>C. JEFFREY Alter</b>		Date of Receipt 12 / 31 / 2011
Mailing Address 3 WOODLAND ROAD		<b>Transaction ID : PR2552960226946</b>
City PORT JEFFERSON	State NY	Zip Code 11777-1053
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 3529.58	
Name of Employer United HealthCare Services Inc	Occupation Business Segment CEO	P/R Deduction (\$4000.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3721.85	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4224.56
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JEREMY VAUGHN BRYANT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11700 ARBORHILL DRIVE  
 City ZIONSVILLE State IN Zip Code 46077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2552961326946**  
 Amount of Each Receipt this Period 455.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**B. SCOTT F FLANNERY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8508 TRELADY CT  
 City PLANO State TX Zip Code 75024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2552962326946**  
 Amount of Each Receipt this Period 507.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. CLAIRE L HANNAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25932 PORTAFINO DRIVE  
 City MISSION VIEJO State CA Zip Code 92691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2552962726946**  
 Amount of Each Receipt this Period 507.00  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1469.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. GREGORY J JAMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2323 KINGS POINT DRIVE  
 City LARGO State FL Zip Code 33774  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2552963226946**  
 Amount of Each Receipt this Period 507.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. JARRETT T JEDLICKA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13852 BIRCHWOOD AVE  
 City ROSEMOUNT State MN Zip Code 55068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Traffic/Workforce  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2552963326946**  
 Amount of Each Receipt this Period 520.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. BENJAMIN T KEHL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19619 CALUMET COURT  
 City FARMINGTON State MN Zip Code 55024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2552963526946**  
 Amount of Each Receipt this Period 520.00  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1547.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. NARASIMHAN KIDAMBI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18477 85TH AVE N  
 City MAPLE GROVE State MN Zip Code 55311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Bus Anlys  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2552963826946**  
 Amount of Each Receipt this Period 260.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. THOMAS D SCIUTO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 ACORN LANE  
 City MILFORD State CT Zip Code 06461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2552966126946**  
 Amount of Each Receipt this Period 507.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. WILLIAM OWEN WILLIAMS II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12419 BELLINGRATH STREET  
 City CARMEL State IN Zip Code 46032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Golden Rule Insurance Company Occupation Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : PR2552967126946**  
 Amount of Each Receipt this Period 520.00  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1287.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MATTHEW Nolte**  
Full Name (Last, First, Middle Initial)

Mailing Address 6308 LAKEWOOD HOLLOW

City AUSTIN State TX Zip Code 78750-8225

FEC ID number of contributing federal political committee. **C**

Name of Employer: United HealthCare Services Inc  
Occupation: KA Dir Acct Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 12 / 31 / 2011  
**Transaction ID : PR2553474826946**

Amount of Each Receipt this Period: 365.00

P/R Deduction (\$200.00 Bi-Weekly)

**B. MONICA L RAYBURN**  
Full Name (Last, First, Middle Initial)

Mailing Address 688 WEST SYCAMORE

City VERNON HILLS State IL Zip Code 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer: United HealthCare Services Inc  
Occupation: Dir Clms

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 507.00

Date of Receipt: 12 / 31 / 2011  
**Transaction ID : PR2553475126946**

Amount of Each Receipt this Period: 507.00

P/R Deduction (\$39.00 Bi-Weekly)

**C. RICHARD D THOMAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5121 DUPONT AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55419

FEC ID number of contributing federal political committee. **C**

Name of Employer: United HealthCare Services Inc  
Occupation: VP Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 687.00

Date of Receipt: 12 / 31 / 2011  
**Transaction ID : PR2553475426946**

Amount of Each Receipt this Period: 687.00

P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1559.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 130 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. DENEEN VOJTA</b>		Date of Receipt
Mailing Address 5201 KELLOGG AVENUE		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
EDINA	MN	55424
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR2553475526946</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	SVP Bus Initi Clin Aff	<input type="text" value="2509.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$193.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2509.00"/>	

Full Name (Last, First, Middle Initial) <b>B. KARSTEN S FLAGSTAD</b>		Date of Receipt
Mailing Address 13420 JAY ST NW		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
ANDOVER	MN	55304
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR2554013026946</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	VP Info Tech	<input type="text" value="468.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$100.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="468.00"/>	

Full Name (Last, First, Middle Initial) <b>C. DANIEL J CLUTE</b>		Date of Receipt
Mailing Address 6017 N 68TH STREET		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
OMAHA	NE	68104
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR2560064426946</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Med Dir	<input type="text" value="1067.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$97.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1067.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="4044.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 131 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. CRAIG W GAGE**  
 Mailing Address 5724 EAGLEMOUNT CIRCLE  
 City State Zip Code  
 LITHIA FL 33547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Med Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 429.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2560064726946**  
 Amount of Each Receipt this Period  
 429.00  
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. DONALD J GIANCURSIO**  
 Mailing Address 72 MIDNIGHT RIDGE DR  
 City State Zip Code  
 LAS VEGAS NV 89135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health Plan of Nevada Hlth Plan CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2123.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2560064926946**  
 Amount of Each Receipt this Period  
 2123.00  
 P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. JERI L JONES**  
 Mailing Address 512 W ORANGEWOOD AVE  
 City State Zip Code  
 PHOENIX AZ 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Hlth Plan CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 429.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2560065126946**  
 Amount of Each Receipt this Period  
 429.00  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2981.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 132 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. BOOKER Joseph**

Mailing Address 1041 EDGEWATER LANE

City State Zip Code  
 CHELSEA AL 35043-2000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc M&R Regional Sales Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2560065226946**

Amount of Each Receipt this Period  
 400.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. SHELDON LIPPMAN**

Mailing Address 55 CLIFFFIELD ROAD

City State Zip Code  
 BEDFORD NY 10506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Med Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1067.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2560065426946**

Amount of Each Receipt this Period  
 1067.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. ANGELA L LOBERG**

Mailing Address 2837 EAST PARK PLACE

City State Zip Code  
 MILWAUKEE WI 53211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc SB VP SIs Acct Mgmt

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1067.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2560065526946**

Amount of Each Receipt this Period  
 1067.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2534.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JEFFREY D LUCHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 191 MAIN ST  
 City S GLASTONBURY State CT Zip Code 06073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Act Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1067.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2560065626946**  
 Amount of Each Receipt this Period  
 1067.00  
 P/R Deduction (\$97.00 Bi-Weekly)

**B. DAVID MILICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2702 BIRCHMERE COURT  
 City KATY State TX Zip Code 77450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2560066026946**  
 Amount of Each Receipt this Period  
 429.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. ADINDU A UZOMA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 370 STEARNS ROAD  
 City MARLBOROUGH State MA Zip Code 01752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2560066726946**  
 Amount of Each Receipt this Period  
 700.00  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2196.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 134 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. ROBERT LASSITER**  
 Mailing Address 848 N RAINBOW BLVD  
 City LAS VEGAS State NV Zip Code 89107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Solution Sls Exec OptumInsight  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2560398626946**  
 Amount of Each Receipt this Period 390.00  
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. TIMOTHY J NOEL**  
 Mailing Address 4408 THOMAS AVE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2560398826946**  
 Amount of Each Receipt this Period 390.00  
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. JAMES CRONIN**  
 Mailing Address 20700 DELTA DRIVE  
 City GAITHERSBURG State MD Zip Code 20882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2560821126946**  
 Amount of Each Receipt this Period 999.99  
 P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1779.99  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. YBRAHIM GONZALEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17401 SW 18 ST  
 City MIRAMAR State FL Zip Code 33029-5531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2563210926946**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Bi-Weekly)

**B. LARRY W CAVANAUGH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 NE 20TH ST # 1010  
 City FORT LAUDERDALE State FL Zip Code 33305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Spc Ben Govt Dntl Sls Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2563211026946**  
 Amount of Each Receipt this Period  
 273.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. KATHLEEN R CRAMPTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2335 SOUTH OCEAN BLVD B5  
 City PALM BEACH State FL Zip Code 33480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Plan Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2563211126946**  
 Amount of Each Receipt this Period  
 700.00  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1223.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 136 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. JENNIFER F WALSH**

Mailing Address 3116 4TH STREET NORTH

City State Zip Code  
 ARLINGTON VA 22201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Dir Govt Rel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 582.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2564296826946**

Amount of Each Receipt this Period  
 582.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. ARTHUR R MILLER**

Mailing Address 5009 ASHINGTON LANDING DRIVE

City State Zip Code  
 TAMPA FL 33647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc VP Gen Mgmt

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2564296926946**

Amount of Each Receipt this Period  
 1000.02

P/R Deduction (\$166.67 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. JAMES E LIEDY**

Mailing Address 12130 RED LEAF ROAD

City State Zip Code  
 PARRISH FL 34219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc M&R Sales Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 234.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2564297026946**

Amount of Each Receipt this Period  
 234.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1816.02

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 137 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. ANDREW C MACKENZIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1912 IRVING AVE S  
 City State Zip Code  
 MINNEAPOLIS MN 55403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Bus Segment CMO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2564297126946**  
 Amount of Each Receipt this Period  
 600.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. STEPHEN E SWANSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3001 HUNTINGTON COURT  
 City State Zip Code  
 KATY TX 77493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc KA VP Acct Mgmt  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 234.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2564297326946**  
 Amount of Each Receipt this Period  
 234.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. HARVEY J BALTHASER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11417 ARCHSTONE DR  
 City State Zip Code  
 AUSTIN TX 78739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Med Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 234.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2564297526946**  
 Amount of Each Receipt this Period  
 234.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1068.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 138 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. PAUL DANIEL HANSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18430 62ND PLACE NORTH  
 City State Zip Code  
 MAPLE GROVE MN 55311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Controller Mkt Group  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 485.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2564802726946**  
 Amount of Each Receipt this Period  
 485.00  
 P/R Deduction (\$97.00 Bi-Weekly)

**B. PHYLLIS DOZIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4825 KNOX AVENUE SOUTH  
 City State Zip Code  
 MINNEAPOLIS MN 55419-5238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP, Human Capital Dvlpmnt  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2564802826946**  
 Amount of Each Receipt this Period  
 2500.00  
 P/R Deduction (\$2500.00 Bi-Weekly)

**C. ELIZABETH D MORAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2231 BENT TREE LANE  
 City State Zip Code  
 MENDOTA HEIGHTS MN 55120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Chief Complnc/Ethics Off  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 485.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2564803126946**  
 Amount of Each Receipt this Period  
 485.00  
 P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3470.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DARREN C MOQUIST**  
Full Name (Last, First, Middle Initial)

Mailing Address 1200 NICOLLET MALL #507

City MINNEAPOLIS	State MN	Zip Code 55403
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Finance
--	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2564803426946**

Amount of Each Receipt this Period  

365.00
--------

P/R Deduction (\$14.00 Bi-Weekly)

**B. WILLIAM T MCENERY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2012 HUMBOLDT AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55405
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Bus Segment CMO
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2564803626946**

Amount of Each Receipt this Period  

500.00
--------

P/R Deduction (\$100.00 Bi-Weekly)

**C. TRACY CULVER**  
Full Name (Last, First, Middle Initial)

Mailing Address 913 NORTH ALBERT DRIVE

City CHANDLER	State AZ	Zip Code 85226-6010
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Sr Product Manager
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : PR2564803826946**

Amount of Each Receipt this Period  

365.00
--------

P/R Deduction (\$365.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1230.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 140 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. DEBRA J BERNS**  
 Mailing Address 2553 WASHBURN AVENUE SOUTH  
 City State Zip Code  
 MINNEAPOLIS MN 55416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Sr Deputy Gen Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 485.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2564804026946**  
 Amount of Each Receipt this Period  
 485.00  
 P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. SUSAN SOMMER**  
 Mailing Address 130 SUNRISE AVENUE  
 City State Zip Code  
 EXCELSIOR MN 55331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP Product  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 485.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2564804226946**  
 Amount of Each Receipt this Period  
 485.00  
 P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. KATHRYN S RUBIN**  
 Mailing Address 310 SYCAMORE LANE  
 City State Zip Code  
 PLYMOUTH MN 55441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP Social Resp/Pres Found  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 485.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : PR2564804326946**  
 Amount of Each Receipt this Period  
 485.00  
 P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1455.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 141 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. TIMOTHY WICKS**

Mailing Address PO BOX 44518

City State Zip Code  
 EDEN PRAIRIE MN 55344-1518

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc SVP Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2565448626946**

Amount of Each Receipt this Period  
 500.00

P/R Deduction (\$500.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. CHRISTINE M ANDERSON**

Mailing Address 4300 REILAND LANE

City State Zip Code  
 SHOREVIEW MN 55126-3129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc SVP Human Capital Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : PR2565448926946**

Amount of Each Receipt this Period  
 2500.00

P/R Deduction (\$2500.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	280434.05

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 142 OF 193  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. Ryan For Congress**

Mailing Address P. O. Box 1919

City State Zip Code  
 Janesville WI 53547

FEC ID number of contributing federal political committee. **C** C00330894

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2011  
**Transaction ID : 34324485**

Amount of Each Receipt this Period  
 2500.00

Refund from Accidental Check Deposit

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Walberg For Congress**

Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204

Purpose of Disbursement

011

Candidate Name

**Rep. Timothy L. Walberg**

Category/Type

Office Sought:  House  Senate  President  
State: MI District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2011

**Transaction ID : 33536336**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Walden for Congress**

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement

011

Candidate Name

**Greg Walden**

Category/Type

Office Sought:  House  Senate  President  
State: OR District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2011

**Transaction ID : 33536342**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. John S Fund**

Mailing Address 700 12th Street, NW  
Suite 700

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2011

**Transaction ID : 33536460**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Marsha Blackburn For Congress Inc.**

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement

011

Candidate Name  
**Rep. Marsha Blackburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TN District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2011

**Transaction ID : 33590059**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Gardner For Congress 2012**

Mailing Address PO Box 2408

City Loveland State CO Zip Code 80539

Purpose of Disbursement

011

Candidate Name  
**Rep. Cory Gardner**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CO District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2011

**Transaction ID : 33590063**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Alamo PAC**

Mailing Address 919 Congress Ave, Suite 1400

City Austin State TX Zip Code 78701

Purpose of Disbursement

011

Candidate Name  
**Alamo PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2011

**Transaction ID : 33590064**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4500.00
---------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Republican Party of Wisconsin - FEDERAL ACCOUNT**

Mailing Address 148 E. Johnson Street

City Madison State WI Zip Code 53703

Purpose of Disbursement

011

Candidate Name

**Republican Party of Wisconsin - FEDERAL ACCOUNT**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2011

**Transaction ID : 33620769**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. Making Business Excel Political Action Committee**

Mailing Address PO Box 3241

City Cheyenne State WY Zip Code 82003

Purpose of Disbursement

011

Candidate Name

**Making Business Excel Political Action Committee**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2011

**Transaction ID : 33627729**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Jim Gerlach For Congress Committee**

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement

011

Candidate Name

**Rep. James W. Gerlach**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY  
08 / 16 / 2011

**Transaction ID : 33663238**

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. TRUST PAC**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 16 / 2011

**Transaction ID : 33663239**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Hatch Election Committee Inc.**

Mailing Address PO Box 900427

City Sandy State UT Zip Code 84090-1483

Purpose of Disbursement  
2012 Utah Convention Contribution

Candidate Name

**Sen. Orrin G. Hatch**

Office Sought:  House  Senate  President  
State: UT District:

Disbursement For: 2012  Primary  General  Other (specify) ▼  
2012 Utah Convention

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2011

**Transaction ID : 33758546**

Amount of Each Disbursement this Period

500.00

2012 Utah Convention Contribution

Full Name (Last, First, Middle Initial)

**C. Hatch Election Committee Inc.**

Mailing Address PO Box 900427

City Sandy State UT Zip Code 84090-1483

Purpose of Disbursement

Candidate Name

**Sen. Orrin G. Hatch**

Office Sought:  House  Senate  President  
State: UT District:

Disbursement For: 2012  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2011

**Transaction ID : 33758547**

Amount of Each Disbursement this Period

3500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Ryan For Congress**

Mailing Address P. O. Box 1919

City State Zip Code  
Janesville WI 53547

Purpose of Disbursement

011

Candidate Name

**Rep. Paul D. Ryan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2011

**Transaction ID : 33758799**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Collins For Senator**

Mailing Address PO Box 1096

City State Zip Code  
Bangor ME 04402

Purpose of Disbursement

011

Candidate Name

**Sen. Susan M. Collins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: ME District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2011

**Transaction ID : 33758804**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Rely on Your Beliefs Political Action Committee**

Mailing Address 209 Pennsylvania Avenue SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement

011

Candidate Name

**Rely on Your Beliefs Political Action Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2011

**Transaction ID : 33758806**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Bob Casey For Senate Inc**

Mailing Address 30 South 15th Street, Suite 400

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Robert P. Casey Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2011

**Transaction ID : 33758807**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Manchin For West Virginia**

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Joe Manchin III**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WV District:

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2011

**Transaction ID : 33758813**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Hatch Election Committee Inc.**

Mailing Address PO Box 900427

City Sandy State UT Zip Code 84090-1483

Purpose of Disbursement  
Utah Primary 06/26/2012 Contribution

011

Category/  
Type

Candidate Name

**Sen. Orrin G. Hatch**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: UT District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2011

**Transaction ID : 33769964**

Amount of Each Disbursement this Period

1000.00

Utah Primary 06/26/2012 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Friends Of Congressman Tim Holden**

Mailing Address 303 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

**Rep. Tim Holden**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: PA District: 17

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 19 / 2011

**Transaction ID : 33779581**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Kurt Schrader For Congress**

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement

011

Candidate Name

**Rep. Kurt Schrader**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 19 / 2011

**Transaction ID : 33779767**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Chris Gibson For Congress**

Mailing Address PO Box 247

City Kinderhook State NY Zip Code 12106

Purpose of Disbursement

011

Candidate Name

**Rep. Chris Gibson**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2011

**Transaction ID : 33822900**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Bass Victory Committee**

Mailing Address PO Box 3451

City Concord State NH Zip Code 03302

Purpose of Disbursement

011

Candidate Name

**Rep. Charles Bass**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	1

**Transaction ID : 33822971**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends Of Dick Lugar**

Mailing Address 406 Virginia Avenue

City Alexandria State VA Zip Code 22302

Purpose of Disbursement

011

Candidate Name

**Sen. Richard Lugar**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	1

**Transaction ID : 33823017**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

1000.00

Full Name (Last, First, Middle Initial)

**C. Glacier PAC**

Mailing Address 818 Connecticut Ave. NW  
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement

011

Candidate Name

**Glacier PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	1

**Transaction ID : 33823087**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

7000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Tim Johnson For South Dakota**

Mailing Address PO Box 1536

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Tim Johnson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2011

**Transaction ID : 33823090**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. John Carney For Congress**

Mailing Address PO Box 2162

City State Zip Code  
Wilmington DE 19899

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. John Charles Carney Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2011

**Transaction ID : 33823105**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Moderate Democrats PAC**

Mailing Address 303 Massachusetts Ave. NE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Moderate Democrats PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2011

**Transaction ID : 33823107**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Kind for Congress Committee**

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Candidate Name

**Rep. Ron Kind**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2011

**Transaction ID : 33823202**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Jim Costa For Congress**

Mailing Address 2037 W Bullard Avenue, #355

City Fresno State CA Zip Code 93711

Purpose of Disbursement

011

Candidate Name

**Rep. James Costa**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 20

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2011

**Transaction ID : 33823205**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Stephen F. Lynch For Congress Committee**

Mailing Address 236 Massachusetts Ave., NE  
Suite 202

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

**Rep. Stephen Lynch**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District: 09

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2011

**Transaction ID : 33823210**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Friends Of John Barrow**

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. John J. Barrow**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	1

**Transaction ID : 33823218**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Friends Of Jeanne Shaheen**

Mailing Address 1010 Vermont Ave. NW  
Suite 814

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Jeanne Shaheen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	1

**Transaction ID : 33823221**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Mark Pryor For US Senate**

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Mark L. Pryor**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	1

**Transaction ID : 33823227**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3	5	0	0	.	0	0
---	---	---	---	---	---	---

1	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Mike Thompson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2011

**Transaction ID : 33823230**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Citizens For Altmore**

Mailing Address P.O. Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Jason Altmore**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2011

**Transaction ID : 33823232**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Bass Victory Committee**

Mailing Address PO Box 3451

City Concord State NH Zip Code 03302

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Charles Bass**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2011

**Transaction ID : 33923816**

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Snowe For Senate**

Mailing Address PO Box 2012

City Portland State ME Zip Code 04104

Purpose of Disbursement

011

Candidate Name  
**Sen. Olympia J. Snowe**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: ME District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	1	1

Transaction ID : 33923817

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Ribble For Congress**

Mailing Address PO Box 7200

City Appleton State WI Zip Code 54912

Purpose of Disbursement

011

Candidate Name  
**Rep. Reid Ribble**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WI District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	1	1

Transaction ID : 33923818

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Strategy PAC**

Mailing Address 1737 H St. NW

City Washington State DC Zip Code 20006

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	1

Transaction ID : 33928135

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6	0	0	0	.	0	0
---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

6	0	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Hoyer For Congress**

Mailing Address 607 14th Street, Nw  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Steny H. Hoyer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	1

**Transaction ID : 33928136**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Kind for Congress Committee**

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Ron Kind**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	1

**Transaction ID : 33928137**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Hagan For Us Senate Inc**

Mailing Address PO Box 29103

City Greensboro State NC Zip Code 27429

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Kay Hagan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	1

**Transaction ID : 33928138**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4	5	0	0	.	0	0
---	---	---	---	---	---	---

--	--	--	--	--	--	--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Richard E Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement

011

Candidate Name

**Rep. Richard E. Neal**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2011

**Transaction ID : 33928139**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Ryan For Congress**

Mailing Address P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Rep. Paul D. Ryan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2011

**Transaction ID : 33943936**

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Tiberi For Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Rep. Patrick J. Tiberi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2011

**Transaction ID : 33954833**

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Roskam for Congress Committee**

Mailing Address 5006 Washington Ave.

City Downers Grove State IL Zip Code 60515

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Peter Roskam**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	1		2	0	1			

**Transaction ID : 33954834**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Next Century Fund**

Mailing Address 116 S Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution to Federal PAC

011

Candidate Name

**Next Century Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	1		2	0	1			

**Transaction ID : 33954835**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Contribution to Federal PAC

Full Name (Last, First, Middle Initial)

**C. Bennet For Colorado**

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Mr. Michael Bennet**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
2010 Debt Retirement

State: CO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	1		2	0	1			

**Transaction ID : 33954837**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution to Federal Candidate

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6	0	0	0	.	0	0
---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

6	0	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Forward Together PAC**

Mailing Address 201 North Union Street, Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution to Federal PAC

011

Candidate Name

**Forward Together PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	1

**Transaction ID : 33954844**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution to Federal PAC

Full Name (Last, First, Middle Initial)

**B. Upton For All Of Us**

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Rep. Frederick Upton**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	1

**Transaction ID : 33954845**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Pharmaceutical Care Management Association PAC**

Mailing Address 601 Pennsylvania Avenue, NW  
7th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Contribution to Federal PAC

011

Candidate Name

**Pharmaceutical Care Management Association PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	1

**Transaction ID : 33954847**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution to Federal PAC

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

1	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Democratic Party of Wisconsin - Federal Account**

Mailing Address 110 King Street, Suite 203

City Madison State WI Zip Code 53703

Purpose of Disbursement  
Contribution to National Party Committee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : 33994675**

Amount of Each Disbursement this Period

Contribution to National Party Committee

Full Name (Last, First, Middle Initial)

**B. Republican Party of Wisconsin - FEDERAL ACCOUNT**

Mailing Address 148 E. Johnson Street

City Madison State WI Zip Code 53703

Purpose of Disbursement  
Contribution to Federal PAC

Category/  
Type

Candidate Name

**Republican Party of Wisconsin - FEDERAL ACCOUNT**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : 33994706**

Amount of Each Disbursement this Period

Contribution to Federal PAC

Full Name (Last, First, Middle Initial)

**C. John D. Dingel for Congress Committee**

Mailing Address 9216 Pelham, Suite 101

City Taylor State MI Zip Code 48180

Purpose of Disbursement  
Contribution to Federal Candidate

Category/  
Type

Candidate Name

**John D. Dingell**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: MI District: 16

Date of Disbursement

/  /

**Transaction ID : 34022050**

Amount of Each Disbursement this Period

Contribution to Federal Candidate

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Friends Of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road, Suite

City West Chester State OH Zip Code 45069

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Rep. John A. Boehner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	1	1

**Transaction ID : 34022051**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Matheson For Congress**

Mailing Address P O Box 521048  
Suite A

City Salt Lake City State UT Zip Code 84152

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Rep. James D. Matheson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: UT District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	1	1

**Transaction ID : 34022052**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Bill Owens For Congress**

Mailing Address PO Box 2020

City Washington State DC Zip Code 20013

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Rep. Bill Owens**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	1	1

**Transaction ID : 34022053**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution to Federal Candidate

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

1	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Heath Shuler for Congress**

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
**Rep. Heath Shuler**

Office Sought:  House  Senate  President  
State: NC District: 11  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	8		2	0	1	1		

**Transaction ID : 34022054**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Heath Shuler for Congress**

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
**Rep. Heath Shuler**

Office Sought:  House  Senate  President  
State: NC District: 11  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	8		2	0	1	1		

**Transaction ID : 34022055**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Yoder For Congress, Inc**

Mailing Address PO Box 26742

City Overland Park State KS Zip Code 66225

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
**Rep. Kevin Yoder**

Office Sought:  House  Senate  President  
State: KS District: 03  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	3		2	0	1	1		

**Transaction ID : 34024922**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution to Federal Candidate

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7	5	0	0	.	0	0
---	---	---	---	---	---	---

2	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Kline For Congress**

Mailing Address 101 W Burnsville Pkwy Suite 104  
Suite 104

City Burnsville State MN Zip Code 55337

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Mr. John Kline**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	3		2	0	1	1

**Transaction ID : 34024923**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Team Emerson For Jo Ann Emerson**

Mailing Address PO Box 822  
400 Broadway, Suite 501

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Rep. Jo Ann Emerson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	3		2	0	1	1

**Transaction ID : 34024924**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Jim Costa For Congress**

Mailing Address 2037 W Bullard Avenue, #355

City Fresno State CA Zip Code 93711

Purpose of Disbursement  
Contributions to Federal Candidates

011

Candidate Name

**Rep. James Costa**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	1	1

**Transaction ID : 34118979**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contributions to Federal Candidates

**SUBTOTAL** of Disbursements This Page (optional).....▶

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only).....▶

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Guthrie For Congress**

Mailing Address 499 South Capitol Street, SW  
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name

**Rep. S. Guthrie**

Office Sought:  House  
 Senate  
 President  
State: KY District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2011

**Transaction ID : 34118980**

Amount of Each Disbursement this Period

1000.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

**B. Gowdy For Congress**

Mailing Address 499 South Capitol Street, SW  
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name

**Rep. Trey Gowdy**

Office Sought:  House  
 Senate  
 President  
State: SC District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2011

**Transaction ID : 34118981**

Amount of Each Disbursement this Period

1000.00

Contributions to Federal Candidates

Full Name (Last, First, Middle Initial)

**C. Walberg For Congress**

Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name

**Rep. Timothy L. Walberg**

Office Sought:  House  
 Senate  
 President  
State: MI District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2011

**Transaction ID : 34118982**

Amount of Each Disbursement this Period

2500.00

Contributions to Federal Candidates

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Kline For Congress**

Mailing Address 101 W Burnsville Pkwy Suite 104  
Suite 104

City Burnsville State MN Zip Code 55337

Purpose of Disbursement  
Void - Check dated 11.23.2011

011  
Category/  
Type

Candidate Name

**Mr. John Kline**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2011

**Transaction ID : 34121104**

Amount of Each Disbursement this Period

-5000.00

Void - Check dated 11.23.2011

Full Name (Last, First, Middle Initial)

**B. Team Emerson For Jo Ann Emerson**

Mailing Address PO Box 822  
400 Broadway, Suite 501

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement  
Void - Check dated 11.23.2011

011  
Category/  
Type

Candidate Name

**Rep. Jo Ann Emerson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2011

**Transaction ID : 34121105**

Amount of Each Disbursement this Period

-1000.00

Void - Check dated 11.23.2011

Full Name (Last, First, Middle Initial)

**C. Team Emerson For Jo Ann Emerson**

Mailing Address PO Box 822  
400 Broadway, Suite 501

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement  
Contributions to Federal Candidates

011  
Category/  
Type

Candidate Name

**Rep. Jo Ann Emerson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2011

**Transaction ID : 34121106**

Amount of Each Disbursement this Period

1000.00

Contributions to Federal Candidates

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

-5000.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. The Republican Majority Fund**

Mailing Address PO BOX 144

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
Contribution to Federal PAC

011

Category/  
Type

Candidate Name

**The Republican Majority Fund**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2011

**Transaction ID : 34146445**

Amount of Each Disbursement this Period

2500.00

Contribution to Federal PAC

Full Name (Last, First, Middle Initial)

**B. Strategy PAC**

Mailing Address 1737 H St. NW

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Void - Check dated 10.19.2011

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2011

**Transaction ID : 34146506**

Amount of Each Disbursement this Period

-2500.00

Void - Check dated 10.19.2011

Full Name (Last, First, Middle Initial)

**C. Strategy PAC**

Mailing Address 1737 H St. NW

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Contribution to Federal PAC

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2011

**Transaction ID : 34146508**

Amount of Each Disbursement this Period

2500.00

Contribution to Federal PAC

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2500.00

**TOTAL** This Period (last page this line number only)..... ▶

152500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Thom Tillis**

Mailing Address PO Box 32186

City Charlotte State NC Zip Code 28232

Purpose of Disbursement  
Thom Tillis, STATE HOUSE 98th NC

011

Candidate Name

**NC Rep. Thom Tillis**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NC District: 98

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	1

**Transaction ID : 33811324**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Thom Tillis, STATE HOUSE 98th NC

Full Name (Last, First, Middle Initial)

**B. Keep State Representative Jeff Greer**

Mailing Address PO Box 1007

City Brandenburg State KY Zip Code 40108

Purpose of Disbursement  
Jeff Greer, STATE HOUSE 27th KY

011

Candidate Name

**KY Rep. Jeff Greer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KY District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	1	1

**Transaction ID : 33863919**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Jeff Greer, STATE HOUSE 27th KY

Full Name (Last, First, Middle Initial)

**C. Julie Denton for Kentucky State Senate**

Mailing Address 1708 Golden Leaf Way

City Louisville State KY Zip Code 40245

Purpose of Disbursement  
Julie Denton, STATE SENATE 36th KY

011

Candidate Name

**Senator Julie Denton**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	1	1

**Transaction ID : 33863920**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Julie Denton, STATE SENATE 36th KY

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Mark Waller**

Mailing Address 6535 Campfire Ct.

City Colorado Springs State CO Zip Code 80922

Purpose of Disbursement  
Mark Waller, STATE HOUSE 15th CO

011

Candidate Name

**CO Rep. Mark Waller**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2011			

**Transaction ID : 33863930**

Amount of Each Disbursement this Period

200.00
--------

Mark Waller, STATE HOUSE 15th CO

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Keith Swerdfeger**

Mailing Address PO Box 6913

City Pueblo West State CO Zip Code 81007

Purpose of Disbursement  
Keith Swerdfeger, STATE HOUSE 47th CO

011

Candidate Name

**CO Rep. Keith Swerdfeger**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 47

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2011			

**Transaction ID : 33863932**

Amount of Each Disbursement this Period

200.00
--------

Keith Swerdfeger, STATE HOUSE 47th CO

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Angela Williams**

Mailing Address 2235 Verbena St.

City Denver State CO Zip Code 80238

Purpose of Disbursement  
Angela Williams, STATE HOUSE 7th CO

011

Candidate Name

**CO Rep. Angela Williams**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2011			

**Transaction ID : 33863934**

Amount of Each Disbursement this Period

200.00
--------

Angela Williams, STATE HOUSE 7th CO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

600.00
--------

**TOTAL** This Period (last page this line number only)..... ▶

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. The Committee to Elect Amy Stephens**

Mailing Address 1061 Hummingbird Count

City Colorado Springs State CO Zip Code 80921

Purpose of Disbursement  
Amy Stephens, STATE HOUSE 20th CO

Candidate Name  
**CO Rep. Amy Stephens**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: CO District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2011

**Transaction ID : 33863936**

Amount of Each Disbursement this Period

200.00
--------

Amy Stephens, STATE HOUSE 20th CO

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Jerry Sonnenberg**

Mailing Address 4465 Country Road 63

City Sterling State CO Zip Code 80751

Purpose of Disbursement  
Jerry Sonnenberg, STATE HOUSE 65th CO

Candidate Name  
**CO Rep. Jerry Sonnenberg**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: CO District: 65

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2011

**Transaction ID : 33863938**

Amount of Each Disbursement this Period

200.00
--------

Jerry Sonnenberg, STATE HOUSE 65th CO

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Ken Summers**

Mailing Address PO Box 27301

City Lakewood State CO Zip Code 80227

Purpose of Disbursement  
Ken Summers, STATE HOUSE 22nd CO

Candidate Name  
**CO Rep. Ken Summers**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: CO District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2011

**Transaction ID : 33863941**

Amount of Each Disbursement this Period

200.00
--------

Ken Summers, STATE HOUSE 22nd CO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

600.00
--------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Spencer Swalm**

Mailing Address 7250 S. Ivy Court

City Centennial State CO Zip Code 80112

Purpose of Disbursement  
Spencer Swalm, STATE HOUSE 37th CO

Candidate Name

**CO Rep. Spencer Swalm**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 37

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2011			

**Transaction ID : 33863985**

Amount of Each Disbursement this Period

200.00
--------

Spencer Swalm, STATE HOUSE 37th CO

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Sue Schafer**

Mailing Address 4030 Reed Street

City Wheatridge State CO Zip Code 80033

Purpose of Disbursement  
Sue Schafer, STATE HOUSE 24th CO

Candidate Name

**CO Rep. Sue Schafer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2011			

**Transaction ID : 33863987**

Amount of Each Disbursement this Period

200.00
--------

Sue Schafer, STATE HOUSE 24th CO

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Ellen Roberts**

Mailing Address P.O. Box 3373

City Burango State CO Zip Code 81302

Purpose of Disbursement  
Ellen Roberts, STATE HOUSE 59th CO

Candidate Name

**CO Rep. Ellen Roberts**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 59

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2011			

**Transaction ID : 33863990**

Amount of Each Disbursement this Period

200.00
--------

Ellen Roberts, STATE HOUSE 59th CO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

600.00
--------

--



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Don Coram**

Mailing Address 67850 Ogden Rd

City Montrose State CO Zip Code 81401

Purpose of Disbursement  
Donald Coram, STATE HOUSE 58th CO

Candidate Name  
**CO Rep. Donald Coram**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: CO District: 58

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2011			

**Transaction ID : 33864003**

Amount of Each Disbursement this Period

200.00
--------

Donald Coram, STATE HOUSE 58th CO

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Brian DelGrosso**

Mailing Address 1437 N. Denver Ave.  
#281

City Loveland State CO Zip Code 80535

Purpose of Disbursement  
Brian Delgrosso, STATE HOUSE 51st CO

Candidate Name  
**CO Rep. Brian Delgrosso**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: CO District: 51

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2011			

**Transaction ID : 33864005**

Amount of Each Disbursement this Period

200.00
--------

Brian Delgrosso, STATE HOUSE 51st CO

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Bob Gardner**

Mailing Address 60 Mobray Ct.

City Colorado Springs State CO Zip Code 80906

Purpose of Disbursement  
Bob Gardner, STATE HOUSE 21st CO

Candidate Name  
**CO Rep. Bob Gardner**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: CO District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2011			

**Transaction ID : 33864007**

Amount of Each Disbursement this Period

200.00
--------

Bob Gardner, STATE HOUSE 21st CO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

600.00
--------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Jon Becker**

Mailing Address 17272 Rd. P

City Fort Morgan State CO Zip Code 80701

Purpose of Disbursement  
Jon Becker, STATE HOUSE 63rd CO

Category/  
Type

Candidate Name

**CO Rep. Jon Becker**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 63

Date of Disbursement

/  /

**Transaction ID : 33864010**

Amount of Each Disbursement this Period

Jon Becker, STATE HOUSE 63rd CO

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Mark Barker**

Mailing Address 1670-F East Cheyenne Mtn. Blvd  
#313

City Colorado Springs State CO Zip Code 80906

Purpose of Disbursement  
Mark Barker, STATE HOUSE 17th CO

Category/  
Type

Candidate Name

**CO Rep. Mark Barker**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 17

Date of Disbursement

/  /

**Transaction ID : 33864012**

Amount of Each Disbursement this Period

Mark Barker, STATE HOUSE 17th CO

Full Name (Last, First, Middle Initial)

**C. Committee to Elect J. Paul Brown**

Mailing Address PO Box 178

City Ignacio State CO Zip Code 81137

Purpose of Disbursement  
J. Paul Brown, STATE HOUSE 59th CO

Category/  
Type

Candidate Name

**CO Rep. J. Paul Brown**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 59

Date of Disbursement

/  /

**Transaction ID : 33864085**

Amount of Each Disbursement this Period

J. Paul Brown, STATE HOUSE 59th CO

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. United for Health PAC of Tennessee**

Mailing Address 9900 Bren Road East

City State Zip Code  
Minnetonka MN 55343

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

Transaction ID : 33923815

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Earl Ray Tomblin 2011**

Mailing Address PO Box 11530

City State Zip Code  
Charleston WV 25339

Purpose of Disbursement  
Earl Ray Tomblin, GOVERNOR WV

011

Candidate Name

Category/  
Type

**Mr. Earl Ray Tomblin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Special-General2011

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2011

Transaction ID : 33943724

Amount of Each Disbursement this Period

1000.00

Earl Ray Tomblin, GOVERNOR WV

Full Name (Last, First, Middle Initial)

**C. Dockham for State Representative**

Mailing Address PO Box 265

City State Zip Code  
Denton NC 27239

Purpose of Disbursement  
Jerry Dockham, STATE HOUSE 80th NC

011

Candidate Name

Category/  
Type

**Representa Jerry Dockham**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NC District: 80

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 14 / 2011

Transaction ID : 33994277

Amount of Each Disbursement this Period

1000.00

Jerry Dockham, STATE HOUSE 80th NC

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Apodaca for NC Senate Committee**

Mailing Address 1504 Fifth Avenue, West

City Hendersonville State NC Zip Code 28739

Purpose of Disbursement  
Tom Apodaca, STATE SENATE 48th NC

Candidate Name  
**NC Sen. Tom Apodaca**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NC District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 14 / 2011

**Transaction ID : 33994278**

Amount of Each Disbursement this Period

1000.00

Tom Apodaca, STATE SENATE 48th NC

Full Name (Last, First, Middle Initial)

**B. Phil Berger Committee**

Mailing Address 110 West Meadow Road  
PO Box 1309

City Eden State NC Zip Code 27289

Purpose of Disbursement  
Philip Berger, STATE SENATE 26th NC

Candidate Name  
**NC Sen. Philip Berger**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NC District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 14 / 2011

**Transaction ID : 33994279**

Amount of Each Disbursement this Period

2000.00

Philip Berger, STATE SENATE 26th NC

Full Name (Last, First, Middle Initial)

**C. UnitedHealth Group Inc PAC of PA**

Mailing Address 9900 Bren Road East

City Minnetonka State MN Zip Code 55343

Purpose of Disbursement  
Contribution to State PAC

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 14 / 2011

**Transaction ID : 33994281**

Amount of Each Disbursement this Period

10000.00

Contribution to State PAC

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

13000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. United for Health of Texas (UnitedHealth Group Inc, PAC of Texas)**

Mailing Address 9900 Bren Road East

City State Zip Code  
Minnetonka MN 55343

Purpose of Disbursement  
Transfer to TX PAC

011

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 14 / 2011

**Transaction ID : 33994282**

Amount of Each Disbursement this Period

22000.00

Transfer to TX PAC

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Jeffrey Kessler**

Mailing Address 607 Wheeling Ave.

City State Zip Code  
Glen Dale WV 26038

Purpose of Disbursement  
Jeffrey Kessler, STATE SENATE 2nd WV

011

Candidate Name

**Senator Jeffrey Kessler**

Office Sought:  House  
 Senate  
 President  
State: WV District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 14 / 2011

**Transaction ID : 33994283**

Amount of Each Disbursement this Period

250.00

Jeffrey Kessler, STATE SENATE 2nd WV

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Harry Keith White**

Mailing Address PO Box 1985

City State Zip Code  
Gilbert WV 25621

Purpose of Disbursement  
Harry White, STATE HOUSE 21st WV

011

Candidate Name

**Delegate Harry White**

Office Sought:  House  
 Senate  
 President  
State: WV District: 21

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 14 / 2011

**Transaction ID : 33994286**

Amount of Each Disbursement this Period

250.00

Harry White, STATE HOUSE 21st WV

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

22500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect David Perry**

Mailing Address 330 East Martin Avenue

City State Zip Code  
Oak Hill WV 25901

Purpose of Disbursement  
David Perry, STATE HOUSE 29th WV

Candidate Name

**Delegate David Perry**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WV District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	1	1

**Transaction ID : 33994287**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

David Perry, STATE HOUSE 29th WV

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Doug Facemire**

Mailing Address 774 West Shannon Road

City State Zip Code  
Oak Hill WV 25901

Purpose of Disbursement  
Douglas Facemire, STATE SENATE 12th WV

Candidate Name

**WV Sen. Douglas Facemire**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	1	1

**Transaction ID : 33994288**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Douglas Facemire, STATE SENATE 12th WV

Full Name (Last, First, Middle Initial)

**C. Kentucky Senate Republican Caucus Campaign Committee**

Mailing Address 2032 Von List Way

City State Zip Code  
Lexington KY 40502

Purpose of Disbursement  
Contribution to State Party Committee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	1	1

**Transaction ID : 33994289**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution to State Party Committee

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Kentucky House Democratic Caucus Campaign Committee**

Mailing Address PO Box 4204

City Frankfort State KY Zip Code 40604

Purpose of Disbursement  
Contribution to State Party Committee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : 33994290**

Amount of Each Disbursement this Period

Contribution to State Party Committee

Full Name (Last, First, Middle Initial)

**B. Keep State Representative Jeff Greer**

Mailing Address PO Box 1007

City Brandenburg State KY Zip Code 40108

Purpose of Disbursement  
Jeff Greer, STATE HOUSE 27th KY

Category/  
Type

Candidate Name

**KY Rep. Jeff Greer**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: KY District: 27

Date of Disbursement

/  /

**Transaction ID : 33997629**

Amount of Each Disbursement this Period

Jeff Greer, STATE HOUSE 27th KY

Full Name (Last, First, Middle Initial)

**C. Tom Buford for Senate**

Mailing Address 409 West Maple Street

City Nicholasville State KY Zip Code 40356

Purpose of Disbursement  
Tom Buford, STATE SENATE 22nd KY

Category/  
Type

Candidate Name

**Senator Tom Buford**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: KY District:

Date of Disbursement

/  /

**Transaction ID : 33997639**

Amount of Each Disbursement this Period

Tom Buford, STATE SENATE 22nd KY

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Gregory D. Stumbo for the House**

Mailing Address PO Box 1473

City State Zip Code  
Prestonburg KY 41653

Purpose of Disbursement  
Greg Stumbo, STATE HOUSE 95th KY

Candidate Name  
**KY Rep. Greg Stumbo**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: KY District: 95

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2011			

**Transaction ID : 33997640**

Amount of Each Disbursement this Period

1000.00
---------

Greg Stumbo, STATE HOUSE 95th KY

Full Name (Last, First, Middle Initial)

**B. Rocky Adkins for House of Representatives**

Mailing Address PO Box 688

City State Zip Code  
Sandy Hook KY 41171

Purpose of Disbursement  
Rocky Adkins, STATE HOUSE 99th KY

Candidate Name  
**Representa Rocky Adkins**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: KY District: 99

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2011			

**Transaction ID : 33997641**

Amount of Each Disbursement this Period

500.00
--------

Rocky Adkins, STATE HOUSE 99th KY

Full Name (Last, First, Middle Initial)

**C. Joe Fischer for House of Representatives**

Mailing Address 126 Dixie Place

City State Zip Code  
Sandy Hook KY 41171

Purpose of Disbursement  
Joseph Fischer, STATE HOUSE 68th KY

Candidate Name  
**Representa Joseph Fischer**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: KY District: 68

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2011			

**Transaction ID : 33997644**

Amount of Each Disbursement this Period

500.00
--------

Joseph Fischer, STATE HOUSE 68th KY

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2000.00
---------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Lynn Wachtmann**

Mailing Address 550 Euclid Ave.

City Napoleon State OH Zip Code 43545

Purpose of Disbursement  
Lynn Wachtmann, STATE HOUSE 75th OH

Candidate Name  
**OH Rep. Lynn Wachtmann**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: OH District: 75

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	1

**Transaction ID : 34022216**

Amount of Each Disbursement this Period

7	5	0	0	.	0	0
---	---	---	---	---	---	---

Lynn Wachtmann, STATE HOUSE 75th OH

Full Name (Last, First, Middle Initial)

**B. Friends of Faber**

Mailing Address 7706 State Route 703

City Celina State OH Zip Code 45822

Purpose of Disbursement  
Keith Faber, STATE SENATE 12th OH

Candidate Name  
**OH Sen. Keith Faber**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	1

**Transaction ID : 34022217**

Amount of Each Disbursement this Period

7	5	0	0	.	0	0
---	---	---	---	---	---	---

Keith Faber, STATE SENATE 12th OH

Full Name (Last, First, Middle Initial)

**C. Citizens for Hottinger**

Mailing Address 2135 Horns Hill Road

City Newark State OH Zip Code 43055

Purpose of Disbursement  
Jay Hottinger, STATE HOUSE 71st OH

Candidate Name  
**OH Rep. Jay Hottinger**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: OH District: 71

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	1

**Transaction ID : 34022218**

Amount of Each Disbursement this Period

7	5	0	0	.	0	0
---	---	---	---	---	---	---

Jay Hottinger, STATE HOUSE 71st OH

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2	2	5	0	.	0	0
---	---	---	---	---	---	---

7	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Matt Huffman for State Representative**

Mailing Address 2220 Merit Drive

City State Zip Code  
Lima OH 45805

Purpose of Disbursement  
Matt Huffman, STATE HOUSE 4th OH

**011**  
Category/  
Type

Candidate Name  
**OH Rep. Matt Huffman**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: OH District: 04

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 19 / 2011

**Transaction ID : 34022219**

Amount of Each Disbursement this Period

750.00

Matt Huffman, STATE HOUSE 4th OH

Full Name (Last, First, Middle Initial)

**B. Dave Daniels for State Senate**

Mailing Address 440 North Street

City State Zip Code  
Greenfield OH 45123

Purpose of Disbursement  
David Daniels, STATE SENATE 17th OH

**011**  
Category/  
Type

Candidate Name  
**OH Sen. David Daniels**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: OH District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 19 / 2011

**Transaction ID : 34022220**

Amount of Each Disbursement this Period

500.00

David Daniels, STATE SENATE 17th OH

Full Name (Last, First, Middle Initial)

**C. Friends of Shannon Jones**

Mailing Address 800 Valley View Point

City State Zip Code  
Springboro OH 45066

Purpose of Disbursement  
Shannon Jones, STATE HOUSE 67th OH

**011**  
Category/  
Type

Candidate Name  
**OH Rep. Shannon Jones**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: OH District: 67

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 19 / 2011

**Transaction ID : 34022221**

Amount of Each Disbursement this Period

750.00

Shannon Jones, STATE HOUSE 67th OH

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Team Burke**

Mailing Address 275 W. 4th Street

City Marysville State OH Zip Code 43040

Purpose of Disbursement  
Dave Burke, STATE HOUSE 83rd OH

Candidate Name  
**OH Rep. Dave Burke**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: OH District: 83

011  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
11 / 19 / 2011

**Transaction ID : 34022222**  
Amount of Each Disbursement this Period  
500.00

Dave Burke, STATE HOUSE 83rd OH

Full Name (Last, First, Middle Initial)

**B. UnitedHealth Group Inc Political Action Committee of Iowa**

Mailing Address 9900 Bren Road East

City Minnetonka State MN Zip Code 55343

Purpose of Disbursement  
Contribution to State PAC

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

011  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
11 / 19 / 2011

**Transaction ID : 34022223**  
Amount of Each Disbursement this Period  
4500.00

Contribution to State PAC

Full Name (Last, First, Middle Initial)

**C. United for Health PAC of Tennessee**

Mailing Address 9900 Bren Road East

City Minnetonka State MN Zip Code 55343

Purpose of Disbursement  
Contribution to State PAC

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

011  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
11 / 19 / 2011

**Transaction ID : 34022224**  
Amount of Each Disbursement this Period  
6000.00

Contribution to State PAC

**SUBTOTAL** of Disbursements This Page (optional)..... ► 11000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Yarbrough for Senate**

Mailing Address 2241 E. Pecos Road  
Suite 3

City Chandler State AZ Zip Code 85225

Purpose of Disbursement  
Steven Yarbrough, STATE SENATE 21st AZ

011

Candidate Name

**AZ Sen. Steven Yarbrough**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2011

**Transaction ID : 34022232**

Amount of Each Disbursement this Period

100.00

Steven Yarbrough, STATE SENATE 21st AZ

Full Name (Last, First, Middle Initial)

**B. Shooter for Senate**

Mailing Address 1341 W. 17th Place

City Yuma State AZ Zip Code 85364

Purpose of Disbursement  
Don Shooter, STATE SENATE 24th AZ

011

Candidate Name

**AZ Sen. Don Shooter**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2011

**Transaction ID : 34022236**

Amount of Each Disbursement this Period

300.00

Don Shooter, STATE SENATE 24th AZ

Full Name (Last, First, Middle Initial)

**C. Hobbs 2012**

Mailing Address 1511 E. Edgemont Ave.

City Phoenix State AZ Zip Code 85006

Purpose of Disbursement  
Katie Hobbs, STATE HOUSE 15th AZ

011

Candidate Name

**AZ Rep. Katie Hobbs**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

State: AZ District: 15

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2011

**Transaction ID : 34022243**

Amount of Each Disbursement this Period

200.00

Katie Hobbs, STATE HOUSE 15th AZ

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

600.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Nancy McLain**

Mailing Address 1706 Marble Canyon Drive

City State Zip Code  
Bullhead City AZ 86442

Purpose of Disbursement  
Nancy McLain, STATE HOUSE 3rd AZ

Category/  
Type

Candidate Name  
**AZ Rep. Nancy McLain**

Office Sought:  House  Senate  President  
Disbursement For: 2011  Primary  General  Other (specify) ▼  
State: AZ District: 03

Date of Disbursement

/  /

**Transaction ID : 34022248**

Amount of Each Disbursement this Period

Nancy McLain, STATE HOUSE 3rd AZ

Full Name (Last, First, Middle Initial)

**B. Friends of David Ige**

Mailing Address 988-635 Kaahale Street

City State Zip Code  
Aiea HI 96701

Purpose of Disbursement  
David Ige, STATE SENATE 16th HI

Category/  
Type

Candidate Name  
**Senator David Ige**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: HI District:

Date of Disbursement

/  /

**Transaction ID : 34022258**

Amount of Each Disbursement this Period

David Ige, STATE SENATE 16th HI

Full Name (Last, First, Middle Initial)

**C. Friends of Suzanne Chun Oakland**

Mailing Address 603E Kunawai Lane

City State Zip Code  
Honolulu HI 96817

Purpose of Disbursement  
Suzanne Chun-Oakland, STATE SENATE 13th HI

Category/  
Type

Candidate Name  
**HI Sen. Suzanne Chun-Oakland**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: HI District:

Date of Disbursement

/  /

**Transaction ID : 34022259**

Amount of Each Disbursement this Period

Suzanne Chun-Oakland, STATE SENATE 13th HI

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Friends of Robert Herkes**

Mailing Address PO Box 313

City Volcano State HI Zip Code 96785

Purpose of Disbursement  
Robert Herkes, STATE HOUSE 5th HI

011

Candidate Name

**HI Rep. Robert Herkes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: HI District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	1

**Transaction ID : 34022260**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Robert Herkes, STATE HOUSE 5th HI

Full Name (Last, First, Middle Initial)

**B. Friends of Rosalyn Baker**

Mailing Address PO Box 10394

City Lahaina State HI Zip Code 96761-0394

Purpose of Disbursement  
Rosalyn Baker, STATE SENATE 5th HI

011

Candidate Name

**HI Sen. Rosalyn Baker**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: HI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	1

**Transaction ID : 34022261**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Rosalyn Baker, STATE SENATE 5th HI

Full Name (Last, First, Middle Initial)

**C. Cowell for Treasurer**

Mailing Address PO Box 10333

City Raleigh State NC Zip Code 27605

Purpose of Disbursement  
Janet Cowell, TREASURER NC

011

Candidate Name

**Janet Cowell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	2		2	0	1	1

**Transaction ID : 34024558**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Janet Cowell, TREASURER NC

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. The Goodwin Committee**

Mailing Address PO Box 27841

City Raleigh State NC Zip Code 27611-7841

Purpose of Disbursement  
Wayne Goodwin, COMM. OF INSURANCE NC

Candidate Name  
**Wayne Goodwin**

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
State: District:

011  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
11 / 22 / 2011

**Transaction ID : 34024580**  
Amount of Each Disbursement this Period  
1000.00  
Wayne Goodwin, COMM. OF INSURANCE NC

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Gail Haines**

Mailing Address PO Box 301085

City Waterford State MI Zip Code 48330

Purpose of Disbursement  
Gail Haines, STATE HOUSE 43rd MI

Candidate Name  
**MI Rep. Gail Haines**

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
State: MI District: 43

011  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
11 / 27 / 2011

**Transaction ID : 34038182**  
Amount of Each Disbursement this Period  
250.00  
Gail Haines, STATE HOUSE 43rd MI

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Matt Lori State Representative**

Mailing Address 14941 Roberts Shores Dr.

City Constantine State MI Zip Code 49042

Purpose of Disbursement  
Matt Lori, STATE HOUSE 59th MI

Candidate Name  
**MI Rep. Matt Lori**

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
State: MI District: 59

011  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
11 / 27 / 2011

**Transaction ID : 34038183**  
Amount of Each Disbursement this Period  
250.00  
Matt Lori, STATE HOUSE 59th MI

**SUBTOTAL** of Disbursements This Page (optional).....▶ 1500.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Judy Emmons for State Senate**

Mailing Address 506 E Carson City Rd

City State Zip Code  
Sheridan MI 48884

Purpose of Disbursement  
Judy Emmons, STATE SENATE 33rd MI

Candidate Name  
**MI Sen. Judy Emmons**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MI District:

011  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
11 / 27 / 2011

**Transaction ID : 34038184**  
Amount of Each Disbursement this Period  
500.00

Judy Emmons, STATE SENATE 33rd MI

Full Name (Last, First, Middle Initial)

**B. Rick Jones for State Senate**

Mailing Address PO Box 115

City State Zip Code  
Grand Ledge MI 48837

Purpose of Disbursement  
Rick Jones, STATE SENATE 24th MI

Candidate Name  
**MI Sen. Rick Jones**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MI District:

011  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
11 / 27 / 2011

**Transaction ID : 34038185**  
Amount of Each Disbursement this Period  
500.00

Rick Jones, STATE SENATE 24th MI

Full Name (Last, First, Middle Initial)

**C. Arlan B. Meekhof for State Senate**

Mailing Address 9128 Oak Creek Ln

City State Zip Code  
West Olive MI 49460

Purpose of Disbursement  
Arlan Meekhof, STATE SENATE 30th MI

Candidate Name  
**MI Sen. Arlan Meekhof**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MI District:

011  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
11 / 27 / 2011

**Transaction ID : 34038186**  
Amount of Each Disbursement this Period  
500.00

Arlan Meekhof, STATE SENATE 30th MI

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1500.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Mike Callton for State Rep**

Mailing Address PO Box 676

City Nashville State MI Zip Code 49073-0000

Purpose of Disbursement  
Mike Callton, STATE HOUSE 87th MI

Category/  
Type

Candidate Name

**MI Rep. Mike Callton**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 87

Date of Disbursement

/  /

**Transaction ID : 34038190**

Amount of Each Disbursement this Period

Mike Callton, STATE HOUSE 87th MI

Full Name (Last, First, Middle Initial)

**B. Citizens for John Walsh**

Mailing Address 35041 Pembroke

City Livonia State MI Zip Code 48152

Purpose of Disbursement  
John Walsh, STATE HOUSE 19th MI

Category/  
Type

Candidate Name

**MI Rep. John Walsh**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 19

Date of Disbursement

/  /

**Transaction ID : 34038191**

Amount of Each Disbursement this Period

John Walsh, STATE HOUSE 19th MI

Full Name (Last, First, Middle Initial)

**C. Paul Opsommer for State Representative**

Mailing Address 315 E Main

City Dewitt State MI Zip Code 48820

Purpose of Disbursement  
Paul Opsommer, STATE HOUSE 93rd MI

Category/  
Type

Candidate Name

**MI Rep. Paul Opsommer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 93

Date of Disbursement

/  /

**Transaction ID : 34038192**

Amount of Each Disbursement this Period

Paul Opsommer, STATE HOUSE 93rd MI

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. United for Health PAC of Tennessee**

Mailing Address 9900 Bren Road East

City State Zip Code  
Minnetonka MN 55343

Purpose of Disbursement  
Contribution to State PAC

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2011

**Transaction ID : 34068106**

Amount of Each Disbursement this Period

6000.00

Contribution to State PAC

Full Name (Last, First, Middle Initial)

**B. Friends of Michelle Kidani**

Mailing Address PO Box 894515

City State Zip Code  
Mililani HI 96789

Purpose of Disbursement  
Michelle Kidani, STATE SENATE 17th HI

011

Candidate Name

**HI Sen. Michelle Kidani**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: HI District:

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2011

**Transaction ID : 34068107**

Amount of Each Disbursement this Period

500.00

Michelle Kidani, STATE SENATE 17th HI

Full Name (Last, First, Middle Initial)

**C. Eddie Farnsworth 2012**

Mailing Address 1126 E. Harrison St.

City State Zip Code  
Gilbert AZ 85295

Purpose of Disbursement  
Eddie Farnsworth, STATE HOUSE 22nd AZ

011

Candidate Name

**AZ Rep. Eddie Farnsworth**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

State: AZ District: 22

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2011

**Transaction ID : 34122302**

Amount of Each Disbursement this Period

250.00

Eddie Farnsworth, STATE HOUSE 22nd AZ

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ReelectAndyBiggs.com**

Mailing Address 10612 S. Greenfield Rd

City Gilbert State AZ Zip Code 85234

Purpose of Disbursement  
Andy Biggs, STATE SENATE 22nd AZ

Category/  
Type

Candidate Name

**AZ Sen. Andy Biggs**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

State: AZ District:

Date of Disbursement

/  /

**Transaction ID : 34122303**

Amount of Each Disbursement this Period

Andy Biggs, STATE SENATE 22nd AZ

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶